

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 16 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A94000001135**

1. Name of Limited Partnership

GDM700 SERIES LIMITED PARTNERSHIP

2. Principal Office Address - No P.O. Box #
232 GARDEN ROAD

3. Mailing Office Address
164 INDUSCO COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALE BEACH, FL

City & State

TROY, MI

Zip

33480

Country

USA

Zip

48083

Country

USA

CR2E039 (1/07)

4. Date Formed or Registered
To Do Business in Florida

08/19/1994

5. FEI Number
5-0525033

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

George D. Milidrag

Street Address (P.O. Box Number is Not Acceptable)

232 Garden Road

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

☐ A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1905, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620,
Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

George D. Milidrag

(REGISTERED AGENT MUST SIGN)

DATE

JAN. 7-08

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

SERIES 700, INC.

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

232 GARDEN RD.

City, State and Zip Code

**PALE BEACH, FL
33480**

10a. Registration
Document Number

PA4000040102

REINSTATE

500113269025
12/19/07--01014--014 **1000.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees
owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

George D. Milidrag

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 14-07 561 676 8033

Date

Daytime Phone #