

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 11:02

DOCUMENT # **A94000001236**

1. Name of Limited Partnership

**THE SCHIFANELLA THIRD FAMILY LIMITED
PARTNERSHIP**

2. Principal Office Address

1418 NORTH LANE AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1418 NORTH LANE AVE.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

**JACKSONVILLE
FLORIDA**

Zip

32254

Country

Zip

32254

Country

8. Name and Address of Current Registered Agent

Name

THOMAS V. SCHIFANELLA

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

1418 N. LANE, AVENUE B

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32254

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**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)

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

City, State and Zip Code

**10a. Registration
Document Number**

THOMAS V. SCHIFANELLA

1418 N. LANE AV

**JACKSONVILLE, FL
32254**

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

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

TV Schifanella

DATE

October 16, 2000

Typed or Printed Name of General Partner Signing Form

T.V. SCHIFANELLA

Telephone Number

(904)-781-9021

CR2E039 (9/00)