PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JAN 19 AM 8:30

DOCUMENT # A 94000001561

1. Name of Limited Partnership

Devlin Family Limited Partnership

900166069819
01/13/10--01036--010 **500.00

CR2E039 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8228 - Sandpine Circle	8228 - Sandpine Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, Fl	City & State: Port St. Lucie, Fl.
Zip: 34952 Country: Port St Lucie	Zip: 34952 Country: Port St Lucie

4. Date Formed or Registered To Do Business in Florida 11/14/1994

5. FEI Number 65-0538710 ☐ 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: W. Rodgers Moore

Street Address (P.O. Box Number is Not Acceptable): 1 - Lincoln Place 1900 Glades Road

Suite, Apt. #, Etc.: Ste. 401

City: Boca Raton State: FL Zip Code: 33431

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☐ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 620.1910 or 620.1909, 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) _____ DATE 1/11/2010
(REGISTERED AGENT MUST SIGN)

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
Devlin & Devlin Inc	8228 - Sandpine Circle	Port St Lucie Fl 34952.	567935
E. M. Devlin Realty Inc	249 Country Club Drive	Manchester, NH 11030	F95000001764
REINSTATEMENT	2006 - 2010		

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 Albert J Devlin Jr (Devlin & Devlin Inc) DATE 1/11/10

Typed or Printed Name of General Partner Signing Form: Albert J Devlin JR Telephone Number: (772) 343-1023

T Hampton JAN 20 2010

Devlin&Devlin Inc.
Real estate Brokers
8228 Sandpine Circle
Port St. Lucie, Fl 34952-2615
772-926-3615 fax772-343-1033
ajdevlinfl@att.net

JAN. 11, 2010

FLORIDA DEPT. OF STATE

Re: A 94000001561

Re: DEVLIN FAMILY LIMITED PARTNERSHIP

I enclose A CK # 3018 IN THE AMOUNT OF $2,500.00 TO COVER YEARS

2006
2007
2008
2009
&
2010

AT $500.00 PER YEAR.

ENCLOSED ALSO IS A LIMITED PARTNERSHIP REINSTATEMENT FORM.

TRUST THIS WILL PUT THE PARTNERSHIP IN GOOD STANDING

Albert J Devlin Jr

ENCL.
CK &
FORM