

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A95000001045

1. Name of Limited Partnership

Courtyard Distribution Center Limited Partnership

2. Principal Office Address - No P.O. Box #
4577 NOB HILL RD.

3. Mailing Office Address
4577 NOB HILL RD.

Suite, Apt. #, etc.
105

Suite, Apt. #, etc.
105

City & State
Sunrise/FL

City & State
Sunrise/FL

Zip
33351

Country
USA

Zip
33351

Country
USA

CR2E039 (1/07)

4. Date Formed or Registered
To Do Business in Florida 07/06/1995

5. FEI Number
650710086

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
Courtyard Distribution Center, Inc.

Street Address (P.O. Box Number is Not Acceptable)
4577 NOB HILL RD.

Suite, Apt. #, Etc.
105

City
Sunrise/FL

State
FL

Zip Code
33351

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certificate of authority was revoked on our records, except in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 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)

(REGISTERED AGENT MUST SIGN)

DATE 01/26/2010

**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
Courtyard Distribution Center, Inc.	4577 Nob Hill Road Suite 105	Sunrise, FL 33351	P95000050610

600167919506
02/03/10--01035--013 **2500.00

REINSTATEMENT 06-10
OK 2-10-10

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

DATE

2/2/10

Typed or Printed Name of General Partner Signing Form

Joseph Vitolo

Telephone Number

954 572-6900