

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG 20 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001567

1. Name of Limited Partnership

Lorraine Y. Whiting Limited Partnership

800184571118
08/20/10--01050--009 **2113.75
CR2E039 (05/10)

2. Principal Office Address - No P.O. Box #
320 West 87th Street

3. Mailing Office Address
320 West 87th Street

Suite, Apt. #, etc.
Apt. 31

Suite, Apt. #, etc.
Apt. 31

4. Date Formed or Registered
To Do Business in Florida 10/17/1995

City & State
New York, NY

City & State
New York, NY

5. FEI Number
593359679

Applied For
Not Applicable

Zip
10024

Country

Zip
10024

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Francis E. Pierce, III

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

225 E. Robinson Street

Suite, Apt. #, Etc.

Suite 600

City

Orlando

State

FL

Zip Code

32801

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.

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)

Francis E. Pierce, III
(REGISTERED AGENT MUST SIGN)

DATE

08/17/2010

**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
Anthony Whiting	320 West 87th Street Apt. 31	New York, NY 10024	
REINSTATEMENT 09, 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

Anthony Whiting
Anthony Whiting

DATE

7/27/10

Typed or Printed Name of General Partner Signing Form

Telephone Number

AUG 23 2010