

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:08

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A95000001796

1. Name of Limited Partnership

D.F. Smith Family Ltd.

2. Principal Office Address

2631 N.E. 47th Street

Suite, Apt. #, etc.

City & State

Lighthouse Point

Zip

33064

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E039 (11/05)

4. Date Formed or Registered  
To Do Business in Florida 11/21/1995

5. FEI Number  
65-0621263

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. Thornton Scott

Street Address (P.O. Box Number is Not Acceptable)  
2600 N.E. 14th Street Causeway

Suite, Apt. #, Etc.

City  
Pompano Beach,

State

FL

Zip Code

33062

**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)

(REGISTERED AGENT MUST SIGN)

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
Peggy J. Norfleet	2631 N.E. 47th Street	Lighthouse Point, Florida 33064	A95000001796
			800069446338 04/04/06--01054--026 **3000.00
			REINSTATEMENT 04-06

**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

Typed or Printed Name of General Partner Signing Form

Peggy J. Norfleet

Telephone Number

954-785-1900