

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # A95000001935

1. Name of Limited Partnership

DIFABRIZIO FAMILY ENTERPRISES, LTD.

2. Principal Office Address - No P.O. Box #

4921 N. RIVERSHORE DRIVE

3. Mailing Office Address

2910 W. COLUMBUS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33603

Country

U.S.A.

Zip

33607

Country

U.S.A.

4. Date Formed or Registered
To Do Business in Florida

5. FFI Number

59-3350136

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

Gerald
ERNEST DI FABRIZIO

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

4921 RIVERSHORE DRIVE

Suite, Apt. #, Etc.

City
TAMPA

FL Zip Code
33603

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.

E-mail Address:

leeanne@pacocpas.com

E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 820.1810 or 820.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 820, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Gerald D. Fabrizio

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

**DIFABRIZIO, ERNEST
DIFABRIZIO, LOLA M.
DIFABRIZIO, GERALD E.
DIFABRIZIO, CAROLYN A.**

**4921 RIVERSHORE DR.
4921 RIVERSHORE DR.
2910 W. COLUMBUS DR
4921 RIVERSHORE DR.**

**TAMPA, FL 33603
TAMPA, FL 33603
TAMPA, FL 33607
TAMPA, FL 33603**

**100200008721
03/31/11--01005--017 **2000.00**

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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

Gerald D. Fabrizio

DATE

3-24-11

Typed or Printed Name of General Partner Signing Form

Telephone Number