

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 MAY -6 P 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000002029

1. Name of Limited Partnership

Mckinnon Family Partnership, LTD.
14479 Bruce B Downs Blvd
Tampa, FL 33613

2. Principal Office Address

14479 Bruce B Downs Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33613

Country

USA

3. Mailing Office Address

14479 Bruce B Downs Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33613

Country

USA

**4. Date Formed or Registered
To Do Business in Florida**

12/26/1995

5. FEI Number

59-3363427

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

7b. Amount of Capital Contributions in FLORIDA to date:

FEES:

- 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Donald Collado

DATE

3/18/05

**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**

David mckinnon Sr
Ken mckinnon
Karen mckinnon

18111 Crawley Rd
18135 Crawley Rd
623 Bosphorus Ave

Odessa, FL 33556
Odessa, FL 33556
Tampa, FL 33606

REINSTATEMENT

04-05

300054668563
05/17/05--01033--001 **1552.50

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

David McKinnon Sr

DATE

3/18/05

Typed or Printed Name of General Partner Signing Form

David mckinnon Sr

Telephone Number

813-24-1040

CR2ED39 (10/02)

5-4-05

To whom it may concern:

McKinnon Family Partnership
never received the renewal
for the 2004 Annual Report,
and/or the information on the
Account being revoked.

Please abate the penalty
for 2004 and accept our
reinstatement with the
check enclosed for
\$ 1552.50

Thank you,
Donald Collier
Trustee for McKinnon
Family
Partnership