

1 of 2

LIMITED
PARTNERSHIP
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

437.50
88.75
2003 OCT 23 AM 10:13DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

535.00 check

DOCUMENT # A96000001023

1. Name of Limited Partnership

The Barrow Family Limited Partnership

2. Principal Office Address

6419 LATCHSTRING CT.

Suite, Apt. #, etc.

City & State

MELROSE FLA -

Zip

32666

Country

ALACHUA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

-

Zip

-

4. Date Formed or Registered
To Do Business in Florida

5/29/1996

5. FEI Number

59-3393398

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:

952,298.00

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

164,819.00

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 due.
- 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.

8. Name and Address of Current Registered Agent

Name

MARK V BARROW

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

6419 LATCHSTRING CT.

Suite, Apt. #, Etc.

City

MELROSE FLA

State

FL

Zip Code

32666

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)

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
1. BARROW, MARK V - TRUSTEE	6419 LATCHSTRING CT.	MELROSE FLA 32666	
2. BARROW, MARY B - TRUSTEE	6419 LATCHSTRING CT.	MELROSE FLA 32666	
			200024424062 11/04/03--01066--037 **535.00

REINSTATEMENT

2003

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

Mark V Barrow

DATE

10/14/2003

Typed or Printed Name of General Partner Signing Form

MARK V BARROW

Telephone Number

352-475-5359

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MARK V. BARROW
6419 LATCHSTRING CT.
MELROSE FL. 32666

FILED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DEAR SIRs,

ENCLOSED IS THE LIMITED PARTNERSHIP REINSTATE
DOC. #A96000001023 . A CHECK FOR \$535.00 IS ALSO ENCLOSED.

I NEVER RECEIVED A FORM FOR RENEWAL UNTIL NOW
SO PLEASE WAIVE THE PENALTY.

THE ADRESS ABOVE IS CORRECT.

CHECK INCLUDES $437.00 + 88.75 + 8.75 = 535.00$. PLEASE SEND
CERT. OF STATUS.

SINCERELY,

MARK V. BARROW

