

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

14 AUG -7 PM 1:27  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



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

**DOCUMENT #** A96000001359

1. Name of Limited Partnership

**THE LEE FAMILY LIMITED PARTNERSHIP**

AUG 12 2014

**J. HARRIS**

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

**816 Windermere Way**

3. Mailing Office Address

**816 Windermere Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Palm Beach Gardens, FL**

City & State

**Palm Beach Gardens, FL**

Zip

**33418-7170**

Country

**USA**

Zip

**33418-7170**

Country

**USA**

CR2E039 (1/11)

4. Date Formed or Registered  
To Do Business in Florida **07/22/1996**

5. FEEL Number  
**650741432**

☒ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**JOHN S. BOHATCH, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)  
**7301 Southwest 57th Court**

Suite, Apt. #, Etc.  
**Suite 560**

City  
**South Miami**

FL Zip Code  
**33143**

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:

**jbohatch@gbptaxlaw.com**

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

9. Pursuant to the provisions of section 620.1810 or 620.1006, Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*[Signature]*

DATE **8/4/14**

(REGISTERED AGENT MUST SIGN)

**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)

**Lee, Kyung S**

Address of Each General Partner  
(Do NOT Use Post Office Box Number)

**816 Windermere Way**

City, State and Zip Code

**Palm Beach Gardens, FL  
33418-7170**

10a. Registration  
Document Number

**100263065471  
08/07/14--01002--012 \*\*2000.00**

**REINSTATEMENT**

**2013/2014**

**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.817.153, F.S.

SIGNATURE

*[Signature]*

DATE **7/23/14**

Typed or Printed Name of General Partner Signing Form

**KYUNG S.C. Lee**

Telephone Number

**(631) 807 9169**