

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



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

**DOCUMENT #** A96000001675

1. Name of Limited Partnership

Israel Cohen Family Limited Partnership

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

7163 Ashford Lane

3. Mailing Office Address

7163 Ashford Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Boynton Beach FL

Zip

33437

Country

Palm Beach

Zip

33437

Country

Palm Beach

CR2E039 (1/11)

4. Date Formed or Registered To Do Business in Florida **09/05/1996**

5. **118822751**

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  
Howard Cohen

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

7075 Queenberry Circle

Suite, Apt. #, Etc.

Doca Raton

FL

33498

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:  
howco27@aol.com

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

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)

*Howard S. Cohen*  
(REGISTERED AGENT MUST SIGN)

DATE

9/11/13

**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

The Israel A. Cohen Trust  
The Sylvia Z Cohen Trust

7163 Ashford Lane  
7163 Ashford Lane

Boynton Beach FL 33437  
Boynton Beach FL 33474

n/a  
n/a

900251750289  
09/16/13--01040--001 \*\*3000.00

**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

*Howard S. Cohen Co-Trustee*  
Howard S. Cohen, Co-Trustee each trust

DATE

9/11/13

Typed or Printed Name of General Partner Signing Form

Telephone Number