


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 APR -5 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A9600002258

1. Name of Limited Partnership
Crews Family Limited Partnership

2. Principal Office Address - No P.O. Box # 6 Mountain Lake Rd.		3. Mailing Office Address P.O. Box 832-Mountain Lake	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Wales, FL		City & State Lake Wales	
Zip 33853	Country U.S.A.	Zip 33859-0832	Country U.S.A.

CR2E039 (1/07)

4. Date Formed or Registered
To US Business in Florida

5. FEI Number 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
Corneal B. Myers, Jr.

Street Address (P.O. Box Number is Not Acceptable)
130 E. Central Avenue

Suite, Apt. #, Etc.

City
Lake Wales

State
FL

Zip Code
33853

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.

A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1905 Florida Statutes, I hereby accept the appointment of registered agent of said General Partner and accept the obligations of Chapter 620 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ (REGISTERED AGENT MUST SIGN) _____ 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
Jayne S. Crews-Linton	6 Mountain Lake Rd.	Lake Wales, FL 33859	A96000002258
Scott Chandler Crews	121 Rosearden Dr.	Orlando, FL 32803	A96000002258

REINSTATEMENT 05-07

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Chapter 119, FS 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 Jayne Crews Linton DATE 3-28-07

Typed or Printed Name of General Partner Signing Form Jayne Crews-Linton Telephone Number 863-676-9337