

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 AM 10:53

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A97000000011

1. Name of Limited Partnership

THE MCCOMB FAMILY LIMITED PARTNERSHIP

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

1124 NORTHLAKE SHORE DR

Suite, Apt. #, etc.

3. Mailing Office Address

1124 NORTHLAKE SHORE DR

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34231

Country

Zip

34231

Country

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

12/31/1996

5. FEI Number

65-0821038

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

MCCOMB, WILLIAM E

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

1124 NORTHLAKE SHORE DR

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

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☒ A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 be waived.

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)

(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**

MCCOMB, WILLIAM E

2828 TAMiami TRAIL SOUTH SARASOTA FL 34239

MCCOMB, ELEANOR P

2828 TAMiami TRAIL SOUTH SARASOTA FL 34239

300131359803
06/16/08-01041-016 **2000.00

REINSTATEMENT

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 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.

SIGNATURE

DATE

6/13/08

Typed or Printed Name of General Partner Signing Form

William M. Combs

Telephone Number

941 957 0200