

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 13 PM 3:56

DOCUMENT # A97000000043

1. Name of Limited Partnership

The Hayes Family Limited Partnership of Sarasota

2. Principal Office Address - No P.O. Box #
1990 Main Street

3. Mailing Office Address
P. O. Box 49348

Suite, Apt. #, etc.
Suite 801

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip Country
34236 USA

Zip Country
34230-6348 USA

4. Date Formed or Registered
To Do Business in Florida January 2, 1997

5. EEI Number
65-0795526

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
Michael J. Hayes

Street Address (P.O. Box Number is Not Acceptable)
1990 Main Street

Suite, Apt. #, Etc.
Suite 801

City
Sarasota

State Zip Code
FL 34236

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certificate of authority was revoked on our records, except in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 620.1909, 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)

Michael J. Hayes
(REGISTERED AGENT MUST SIGN)

DATE 10-23-09

**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
Michael J. Hayes, Trustee, Mary E. Hayes Irrevocable Trust	1990 Main Street, Suite 801	Sarasota, FL 34236	
REINSTATEMENT 2008, 2009			

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 *Michael J. Hayes*

DATE 10-23-09

Typed or Printed Name of General Partner Signing Form

Michael J. Hayes

Telephone Number

941/365-4617

T. Hampton NOV 16 2009