

2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A97000000044

1. Entity Name
DICKINSON FAMILY LIMITED PARTNERSHIP



FILED

08 MAR 19 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
330 S. PINEAPPLE AVE.
#106
SARASOTA, FL 34236

Mailing Address
3556 E. FOREST LAKE DRIVE
SARASOTA, FL 34232

07



2. Principal Place of Business - No P.O. Box #
3556 E. Forest Lake Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008 REIN-LP CR2E100 (1/07)

City & State

Sarasota, FL

City & State

4. FEI Number

65-0716575

Applied For

Not Applicable

Zip
34234

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIPER, ROBERT
330 S. PINEAPPLE AVE., #106
SARASOTA, FL 34236

Name

Robert W. Darnell

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

1820 Ringling Blvd.

City

Sarasota

FL

Zip Code

34236

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

SIGNATURE

Signature, typed or printed name of registered agent and title (REGISTERED AGENT MUST SIGN)

3/16/08
DATE

FILE NOW!!! FEE IS \$2000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P96000074652
NAME DICKINSON G.P., INC.
STREET ADDRESS 3556 E. FOREST LAKE DR.
CITY-ST-ZIP SARASOTA, FL 34232

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

800120808448
03/20/08 01005 001 **2000.75

REINSTATEMENT 2007-2008

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Barbara V. Dickinson

Barbara V. Dickinson

3/16/08

922-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE