

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

06 NOV 27 AM 10:50

DOCUMENT # A97000000280

1. Name of Limited Partnership

**Z & H Solc Enterprises, Ltd.**

2. Principal Office Address

**1515 Silver Moon Lane**

Suite, Apt. #, etc.

3. Mailing Office Address

**1515 Silver Moon Lane**

Suite, Apt. #, etc.

City & State

**Palm Harbor, FL**

City & State

**Palm Harbor, FL**

Zip

**34683**

Country

**USA**

Zip

**34683**

Country

**USA**

4. Date Formed or Registered  
To Do Business in Florida **01/31/1997**

5. FFL Number

**593472417**

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  
**Zucel Solc**

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

**1515 Silver Moon Lane**

Suite, Apt. #, Etc.

City

**Palm Harbor**

State

**FL**

Zip Code

**34683**

**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

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)

*[Signature]*  
(REGISTERED AGENT MUST SIGN)

DATE

**11/3/06**

**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
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**Helaine's Knipple, Inc.**

**1515 Silver Moon Lane**

**Palm Harbor, FL 34683**

**P960000-  
92041**

**REINSTATEMENT**

**100082107741**  
**11/28/06--01057--016 \*\*1000.00**

**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 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

*[Signature]*

DATE

**Nov. 1, 2006**

Typed or Printed Name of General Partner Signing Form

**Helaine Shatanoff Solc, Director**

Telephone Number

**727/784-7042**