

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**LIMITED
PARTNERSHIP
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

2011 APR 19 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000684

1. Name of Limited Partnership

THE GADSDEN FAMILY LIMITED PARTNERSHIP

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

7 Pleasant View

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 945

Suite, Apt. #, etc.

City & State

Lake Placid, FL 33852

City & State

Lake Placid, FL 33862

Zip

33852

Country

USA

Zip

33852

Country

USA

4. Date Formed or Registered

To Do Business in Florida 3/20/97

5. FEI Number

650805433

Applied For

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED** ☐

\$9.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CAROL C. GADSDEN

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

14 Sandy Pointe

Suite, Apt. #, Etc.

City

Lake Placid

FL

Zip Code

33852

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.

E-mail Address:

jgadsden@htn.net

E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1810 or 620.1908, 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)

SCOTT GADSDEN

DATE **Apr. 13 2011**

**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)

Carol C. Gadsden

Address of Each General Partner
(Do NOT Use Post Office Box Number)

14 Sandy Pointe

City, State and Zip Code

**Lake Placid, FL
33852**

10a. Registration
Document Number

3/20/97

**Gadsden Management
Inc.**

7 Pleasant View

**Lake Placid, FL
33852**

3/20/97

797 000019916

REINSTATEMENT-2010 + 2011

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 exemptions contained in Chapter 118, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 118, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.115, F.S.

SIGNATURE

CAROL C. GADSDEN

DATE

4/12/11

Typed or Printed Name of General Partner Signing Form

CAROL GADSDEN

Telephone Number

(863) 465-7400