

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A97000000846

1. Name of Limited Partnership

**Shops of Cooper City, LTD**

2. Principal Office Address - No P.O. Box #  
**7301 SW 57 Court**

3. Mailing Office Address  
**3300 N Federal Hwy.**

Suite, Apt. #, etc.  
**565**

Suite, Apt. #, etc.  
**#250**

City & State  
**South Miami, FL**

City & State  
**Ft. Lauderdale, FL**

Zip  
**33143**

Country  
**USA**

Zip  
**33306**

Country  
**USA**

4. Date Formed or Registered  
To Do Business in Florida **12/31/1997**

5. FEI Number  
**65-0782923**

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  
**Brown, Gary L**

Street Address (P.O. Box Number is Not Acceptable)  
**4000 Hollywood Blvd.**

Suite, Apt. #, Etc.  
**265-S**

City  
**Hollywood**

State  
**FL**

Zip Code  
**33021**

**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certificate of authority was revoked on our records, except in  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) *Gary Brown*  
(REGISTERED AGENT MUST SIGN)

DATE 2/25/09

**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
Shops of Cooper City G.P., Inc.	7301 SW 57 Court, #565	South Miami, FL 33143	P97000034407
REINSTATEMENT 2005 - 2009			FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 MAR 12 PM 1:50
T. Hampton MAR 13 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 *Scott Greenwald*

DATE

2/25/09

Typed or Printed Name of General Partner Signing Form

**Scott Greenwald**

Telephone Number

**305 667-2225**

# **NEAL PROPERTY MANAGEMENT, INC.**

*Commercial Real Estate Management*

Florida Department of State  
Division of Corporations  
Corporation Reinstatement  
2661 Executive Center Circle  
Tallahassee, FL 32301

## **To Whom It May Concern**

RE: Document # A97000000846

Enclosed is a Corporation Reinstatement application for Shops of Cooper City, LTD, along with a check in the amount of \$2,000.00 to cover the cost of reinstatement fees for years 2005, 2006, 2007 & 2008.

We are requesting that you waive the penalty of \$500.00 per year due to us not receiving the notices (they were sent to a different address).

Thanking you in advance for your help.

Sincerely,  
Neal Property Management, Inc. as agent for  
Shops of Cooper City, LTD



Marlene E. Reid  
Office Manager/Bookkeeper

Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 MAR 12 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 4, 2009

SHOPS OF COOPER CITY, LTD.  
3300 N FEDERAL HWY  
STE 250  
FT LAUDERDALE, FL 33306

SUBJECT: SHOPS OF COOPER CITY, LTD.  
Ref. Number: A97000000846

We have received your document for SHOPS OF COOPER CITY, LTD. and check(s) totaling \$2000.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$500.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 109A00007491