

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**A97000001069**

**FILED**

00 OCT 17 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A97000001069**

1. Name of Limited Partnership

**DAVIDSON FAMILY LIMITED PARTNERSHIP**

**9/29/2000**

2. Principal Office Address

3. Mailing Office Address

**PO Box 13372**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**TALLAHASSEE FL**

Zip

Country

Zip

Country

**32317**

**USA**

4. Date Formed or Registered  
To Do Business in Florida

**5/14/97**

5. FEI Number

**59-3458098**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7a. Capital Contributions as shown on Record:

**\$3,352,464.00**

7b. Amount of Capital Contributions in FLORIDA to date:

**\$3,352,464.00**

8. Name and Address of Current Registered Agent

Name

**M. JACK DAVIDSON CPA**

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

**313 Williams St**

Suite, Apt. #, Etc.

**10**

City

**Tallahassee**

State

**FL**

Zip Code

**32303**

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*[Signature]*

DATE

**10-17-00**

**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

**M. JACK DAVIDSON**

**7808 MCCLURE  
DA.**

**TALLAHASSEE FL**

**GENE C. DAVIDSON**

**"**

**STANLEY K. DAVIDSON**

**"**

**DALE S. DAVIDSON**

**"**

**700003427377--4**

**-10/17/00--01042--011**

**\*\*\*1078.75 \*\*\*1026.25**

**ADM 500.00**

**AR 437.50**

**ARUMP 88.75**

**REINSTATEMENT 2000**

*[Signature]*

**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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

**10-17-00**

Typed or Printed Name of General Partner Signing Form

**JACK DAVIDSON**

Telephone Number

**850-425-3065**

CR2E039 (11/99)