2008 LIMITED PARTNERSHIP REINSTATEMENT

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A97000001275 1. Entity Name FILED HIGDON ENTERPRISES LIMITED, LLLP 08 NOV 12 PH 3 48 Principal Place of Business Mailing Address 130 N. VA. STREET SECRETARY OF STATE. TALLAHASSEE, FLORIDA 130 N. VA. STREET QUINCY, FL 32353 QUINCY, FL 32353 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11032008 CR2E100 (1/07) REIN-LP Applied For City & State City & State 4. FEI Number 59-3471251 Not Applicable Zio Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIGDON, JOSEPH WJR. Street Address (P.O. Box Number is Not Acceptable) 130 N. VIRGINIA ST QUINCY, FL 32351 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN) DATE In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. FILE NOW!!! FEE IS \$500.00 After January 1, 2009, Fee will be \$1000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS SMITH, MARGARET H NAME STREET ADDRESS 2695 MILLER LANDING ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32312 DOCUMENT / STREET ADDRESS HIGDON, JOSEPH W JR NAME STREET ADDRESS P.O. BOX 1739 CITY-ST-7IP CITY-ST-7IP **QUINCY, FL 32353** DOCUMENT # STREET ADDRESS NAME HIGDON, JOSEPH W TRUSTEE STREET ADDRESS P.O. BOX 1739 CITY-ST-ZIP CITY-ST-ZIP QUINCY, FL 32353 DOCUMENT # STREET ADDRESS NAME SMITH, MARGARET H TRUSTEE STREET ADDRESS P.O. BOX 1739 CITY-ST-ZIP CITY-ST-ZIP **QUINCY, FL 32353** DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 employered to execute this report as required by Chapter 620, Florida Statutes.

RE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER