

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$4,000.00  
10-1-04

FILED

2007 MAY -3 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 611, LTD.

1. Name of Limited Partnership

#A97000001765

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

19985 WILKINSON LANE #2399 NW BOCA RATON BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TEQUESTA, FL

Zip

33469

Country

PALM BEACH

City & State

BOCA RATON, FL

Zip

33432

Country

PALM BEACH

CR2E039 (1/07)

4. Date Formed or Registered  
To Do Business in Florida

8/15/97

5. FEI Number

65-0724589

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

Broad & Cassel, P.A.

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

7777 Glades Road

Suite, Apt. #, Etc.

Suite 300

City

Boca Raton

State

FL

Zip Code

33434

**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certificate of authority was revoked on our records, except in  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)

*[Signature]* as President of a Partner

DATE

4/27/07

**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
ATLANTIC HEALTH DEVELOPMENT CORP.	19985 WILKINSON LANE #2399 TEQUESTA, FL.	TEQUESTA, FL 300102065113 05/10/07--01004--006 **4000.00	

REINSTATEMENT 04-07

**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]* DANIEL D. GOSSEL, President

DATE

3/22/07

Typed or Printed Name of General Partner Signing Form

ATLANTIC HEALTH DEVELOPMENT CORPORATION, General Partner

Telephone Number

561-441-4141