

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAR 13 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002712

1. Name of Limited Partnership

VON THRON FAMILY PARTNERS, LTD.

100224094281
03/07/12--01038--018 **3008.75

CR2E039 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
529 S. Atlantic Ave.		529 S. Atlantic Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Cocoa Beach, FL		Cocoa Beach, FL	
City & State		City & State	
Zip	Country	Zip	Country
32931	USA	32931	USA

4. Date Formed or Registered To Do Business in Florida	12/9/1997
5. FEI Number	Applied For Not Applicable
59-3479343	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	
Name	
Joseph C. Von Thron	
Street Address (P.O. Box Number is Not Acceptable)	
529 S. Atlantic Ave.	
Suite, Apt. #, Etc.	
City	Zip Code
Cocoa Beach	FL 32931

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:

JCVONTHRON@aol.com

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

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)

Joseph C. Von Thron
(REGISTERED AGENT MUST SIGN)

DATE 2/28/12

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
Joseph C. Von Thron	529 S. Atlantic Ave.	Cocoa Beach FL 32931	N/A
Jane Von Thron	529 S. Atlantic Ave.	Cocoa Beach FL 32931	N/A

REINSTATEMENT 2010-2012

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 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. 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.817.155, F.S.

SIGNATURE

Joseph C. Von Thron

DATE 2/28/12

Typed or Printed Name of General Partner Signing Form Joseph C. Von Thron

Telephone Number 321-783-3229