

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP
CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A97000002782

1. Corporation Name

Bartram Trail Partners, Ltd.

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

233 East Bay Street

3. Mailing Office Address

233 East Bay Street

Suite, Apt. #, etc.

1010 Blackstone Bldg

Suite, Apt. #, etc.

1010 Blackstone Bldg

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32202

Country

USA

Zip

32202

Country

USA

7. Name and Address of Current Registered Agent

Name

Carl D. Dawson, Jr.

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

233 East Bay Street

Suite, Apt. #, etc.

1010 Blackstone Bldg

City

Jacksonville

State

FL

Zip Code

32202

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

8/1/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	GENERAL PARTNERS	Street Address of Each Officer and/or Director	City / State / Zip
	Switzerland Holding Company	233 East Bay Street, 1010 Blackstone Bldg	Jacksonville, FL 32202
	(P97000101715)		300107461283 08/07/07--01049--017 **2500.00
			300107461283 08/07/07--01049--018 **2500.00

REINSTATEMENT 2003-2007

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/1/07

Daytime Phone #

904-3555509

FILED

07 AUG -2 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1997

5. FEI Number

59-3482492

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, 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 reinstatement fee be waived.