

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 20 AM 11:26

DOCUMENT # **A97000002859**

1. Name of Limited Partnership

**McCall and Pace Properties, Inc.**

2. Principal Office Address

**333 Woodridge Lane**

Suite, Apt. #, etc.

3. Mailing Office Address

**333 Woodridge Lane**

Suite, Apt. #, etc.

4. Date Formed or Registered  
To Do Business in Florida

**12/26/97**

5. FEI Number

**59-3621557**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

**St. Augustine, Florida**

City & State

**ST. AUGUSTINE,  
Florida**

Zip

**32086**

Country

**USA**

Zip

**32086**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**Melvine McCall**

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

**333 Woodridge Lane**

Suite, Apt. #, Etc.

City

**St. Augustine**

State

**FL**

Zip Code

**32086**

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)

**Melvine McCall**

DATE

**6/6/05**

**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)

**Melvine McCall**

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

**333 Woodridge Lane**

City, State and Zip Code

**St. Augustine, FL  
32086**

10a. Registration  
Document Number

**700056635737  
06/29/05--01008-002 \*\*\*3206.25**

**REINSTATEMENT 01-05**

**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

**Melvine McCall**

DATE

**6/6/05**

Typed or Printed Name of General Partner Signing Form

**Melvine McCall**

Telephone Number

**904. 797.2586**

CR2ED39 (10/02)