

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAR 25 AM 8 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100192482681
01/26/11--01003--006 **2000.00

CR2E039 (05/10)

DOCUMENT # A97000002902

1. Name of Limited Partnership

DENNY FAMILY LIMITED PARTNERSHIP

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

2704 Nela Avenue

3. Mailing Office Address

2704 Nela Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip
32809

Country
USA

Zip
32809

Country
USA

4. Date Formed or Registered
To Do Business in Florida

12/30/1997

5. FEI Number

59-3487145

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
Cynthia Bailes

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

2704 Nela Avenue

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32809

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.

100192482681
03/29/11--01006--015 **8000.00

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)

Cynthia Bailes
(REGISTERED AGENT MUST SIGN)

DATE

7-29-2010

**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)

Cynthia Bailes

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

2704 Nela Avenue

City, State and Zip Code

Orlando, Florida 32809

10a. Registration
Document Number

100192482681
03/29/11--01006--016 **2000.00

REINSTATEMENT 2006-2011

OK 3-29-11

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 the report as required by chapter 620, Florida Statutes.

SIGNATURE

Cynthia Bailes
Cynthia Bailes

DATE

9-29-2010

Typed or Printed Name of General Partner Signing Form

Telephone Number

(407) 259-4350