

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 JUN -4 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000062

1. Name of Limited Partnership

Retals, Ltd.

200156800002

CR2E039 (1/07)

2. Principal Office Address - No P.O. Box #
11 Sloan's Curve Drive

3. Mailing Office Address
11 Sloan's Curve Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Beach, FL

City & State
Palm Beach, FL

Zip
33480

Country
USA

Zip
33480

Country
USA

4. Date Formed or Registered
To Do Business in Florida January 7, 1998

5. FEI Number
010-757-445

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
Kenneth Z. Slater

Street Address (P.O. Box Number is Not Acceptable)
11 Sloan's Curve Drive

Suite, Apt. #, Etc.

City
Palm Beach

State
FL

Zip Code
33480

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certificate of authority was revoked on our records, except in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

(REGISTERED AGENT MUST SIGN)

DATE

6/2/09

**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

Kenneth Z. Slater

11 Sloan's Curve
Drive

Palm Beach, FL 33480

REINSTATEMENT 1999-2009

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 X

DATE

6/2/09

Typed or Printed Name of General Partner Signing Form

Kenneth Z. Slater

Telephone Number

617-557-1799

A98 0000000062

CONSENT TO USE OF NAME

To the Secretary of State of the
State of Florida

June 2, 2009

The undersigned, Kenneth Z. Slater, Manager of Retals, LLC, a Florida limited liability company, hereby consent to the use of the name Retals, Ltd., a Florida limited partnership.

RETALS, LLC



By: Kenneth Z. Slater, Manager

FILED
09 JUN -4 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA





CORPORATION SERVICE COMPANY

A9800UUD0062

ACCOUNT NO. : I20000000195

REFERENCE : 022715 7393276

AUTHORIZATION :

COST LIMIT : \$ 11000.00

ORDER DATE : June 1, 2009

ORDER TIME : 9:08 AM

ORDER NO. : 022715-005

CUSTOMER NO: 7393276

PK

RECEIVED
09 JUN -4 AM 11:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: RETALS, LTD.

*file w/ attached
amendment - they
are changing the GP*

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA