

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A98000000588

1. Name of Limited Partnership

MAYPORT AFFORDABLE HOUSING PARTNERS, LTD.

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

645 Mayport Road

3. Mailing Office Address

P.O. Box 4961

Suite, Apt. #, etc.

Suite 3-A

Suite, Apt. #, etc.

City & State

Atlantic Beach, FL

City & State

Orlando, FL

Zip

32233

Country

US

Zip

32802-4961

Country

US

8. Name and Address of Current Registered Agent

Name

B&C Corporate Services of Central Florida, Inc.

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

390 North Orange Avenue

Suite, Apt. #, Etc.

Suite 1400

City

Orlando

State

FL

Zip Code

32801

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)

Janice C. Myers

Janice C. Myers, Vice Pres.

DATE

4/23/09

**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

Belle Orchid, Inc.

645 Mayport Road
Suite 3-A

Atlantic Beach, FL
32233

P98000018300

Mayport Orchid Trace, Inc.

645 Mayport Road
Suite 3-A

Atlantic Beach, FL
32233

P98000017965

REINSTATEMENT

2006-2009

800152798238
04/27/09--01005--009 **8.75

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

Lynn Alligood

DATE

4/24/09

Typed or Printed Name of General Partner Signing Form

Lynn Alligood, President of Belle Orchid, Inc., General Partner

Telephone Number

904-241-0474

FILED
09 APR 27 AM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E039 (1/07)

4. Date Formed or Registered
To Do Business in Florida 03/03/1998

5. FEI Number

59-3547869

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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 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.