PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT 2010-2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAY 29 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (1/11)

DOCUMENT # A98000002829

1. Name of Limited Partnership

THE HANSEN FAMILY LIMITED PARTNERSHIP

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2009 Calusa Lakes Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nokomis, FL	City & State
Zip: 34275 Country: USA	Zip Country

4. Date Formed or Registered To Do Business In Florida: 12/18/98

5. FEI Number: 650883634 ☐ 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: Jack D. Hansen

Street Address (P.O. Box Number is Not Acceptable): 2009 Calusa Lakes Blvd.

Suite, Apt. #, Etc.:

City: Nokomis FL Zip Code: 34275

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.

E-mail Address: sgrady@darnelllawgroup.com
E-Mail address to be used for future annual report notices.

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) _____ DATE 5/20/14
(REGISTERED AGENT MUST SIGN)

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
Jack D. Hansen	2009 Calusa Lakes Blvd.	Nokomis, FL 34275	
Jean C. Hansen	2009 Calusa Lakes Blvd.	Nokomis, FL 34275	

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REINSTATEMENT 10-14

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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE _____ DATE 5/20/14

Typed or Printed Name of General Partner Signing Form: Jack D. Hansen Telephone Number: 941-485-2067

K. ASHTON