

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

12 MAR -8 PM 2: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000000091

1. Name of Limited Partnership

Sherwood Partners, Ltd

2. Principal Office Address - No P.O. Box #
800 Colorado Ave

Suite, Apt. #, etc.

City & State
Stuart, FL 34994

Zip
34994

Country
USA

3. Mailing Office Address
157 South River Road

Suite, Apt. #, etc.

City & State
Stuart, FL

Zip
34996

Country
USA

4. Date Formed or Registered
To Do Business in Florida **January 14, 1999**

5. FEE Number
65-0898002

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
Dennis S. Hudson, III

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

Suite, Apt. #, Etc.

City
Stuart

FL Zip Code
34994

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:

denny.hudson@seacoastnational.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)

(REGISTERED AGENT MUST SIGN)

DATE

**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
Dennis S. Hudson, Jr Dennis S. Hudson, III Anne P. Hudson	800 Colorado Ave same same	Stuart, FL 34994 same	

REINSTATEMENT-2011-2012

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03/03/12--01002--007 **1000.00

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 **2-11-12**

Typed or Printed Name of General Partner Signing Form **DENNIS S. HUDSON, JR.**

Telephone Number **772-283-7217**