

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A99000001376

1. Name of Limited Partnership

T.C.Welch LIMITED PARTNERSHIP

2. Principal Office Address - No P.O. Box #
5211 SW 5th Place

Suite, Apt. #, etc.

City & State
Cape Coral, FLORIDA

Zip
33914

Country
USA

3. Mailing Office Address
5211 SW 5TH pLACE

Suite, Apt. #, etc.

City & State
Cape Coral, FLORIDA

Zip
33914

Country
USA

8. Name and Address of Current Registered Agent

Name
THOMAS C WELCH

Street Address (P.O. Box Number is Not Acceptable)
5211 SW 5TH PLACE

Suite, Apt. #, Etc.

City
CAPE CORAL

State
FL

Zip Code
33910

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)

Thomas C. Welch
(REGISTERED AGENT MUST SIGN)

DATE **MAY 19, 2009**

**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

**THOMAS C. WELCH
DIANE M. WELCH**

**5211 SW 5TH PLACE
5211 SW 5TH PLACE**

**CAPE CORAL FL.33910
CAPE CORAL FL.33910**

**A99000001376
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REINSTATEMENT 06-09

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

Thomas C. Welch

DATE

5/19/2009

Typed or Printed Name of General Partner Signing Form

THOMAS C. WELCH

Telephone Number

549/2009 239 789 8601

FILED

09 MAY 27 PM 2:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

100156274241
05/21/09--01014--016 **2000.00

CR2E039 (1/07)

4. Date Formed or Registered
To Do Business in Florida **August 23, 1999**

5. FEI Number
65-0930860

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.

N. Outigan MAY 28 2009