

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC -4 PM 1:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001705

1. Name of Limited Partnership

DAVID BURKE ENTERPRISES, LTD
15110 N. 23RD ST.
Lutz, FL 33549

2. Principal Office Address

15110 N. 23RD ST.

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33549

Country

US

3. Mailing Office Address

15110 N. 23RD ST.

Suite, Apt. #, etc.

City & State

Lutz, FL

Zip

33549

Country

US

**4. Date Formed or Registered
To Do Business in Florida**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

7b. Amount of Capital Contributions in FLORIDA to date:

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is due.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

DAVID F. BURKE

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

15110 N. 23RD ST.

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

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
David F. Burke	15110 North 23rd St.	Lutz, FL 33549	
Linda Portwood	15110 North 23rd St.	Lutz, FL 33549	
Donna Kellner	4705 North Platt Road	Plant City, FL 33865	
Debra Waters	2014 East 151st Avenue	Lutz, FL 33549	
Tonya Shepard	15110 North 23rd St.	Lutz, FL 33549	
David F. Burke Jr.	14905 North 74th St.	Lutz, FL 33549	

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

David F. Burke

DATE

11-12-03

Typed or Printed Name of General Partner Signing Form

David F. Burke

Telephone Number

(813) 991-4618

CR2E039 (9/03)

2082

DAVID BURKE ENTERPRISES,LTD..txt

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOVEMBER 3, 2003

FLORIDA DEPARTMENT OF STATE

RE: DAVID BURKE ENTERPRISES, LTD.
DOCUMENT NUMBER: A99000001705

I AM WRITING THIS LETTER DUE TO THE SUSPENSION OF THE CORPORATION LISTED ABOVE.
AS PER MY PHONE CONVERSATION WITH APRIL I WAS INSTRUCTED TO WRITE THIS LETTER
AND EXPLAIN THAT THE ORIGINAL FORMS NEVER WERE RECIEVED BY THE PROPER PERSON.
I TAKE CARE OF ALL MY FATHER'S MATTERS DUE TO HIM SUFFERING A SEVERE STROKE
AND I NEVER RECIEVED THE FORM FOR THIS YEAR. I AM HOPEFUL THAT YOU CAN WAIVE THE
PENALTY DUE TO THE CIRCUMSTANCES.
I AM ENCLOSING THE FILING FEE AND THE SUPPLEMENTAL FEE OF \$88.75.

THANK YOU;

Donna B. Kellner

DONNA B. KELLNER

*Should you need to speak with me you can
reach me at (813) 933-3949*