

2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A99000001886

1. Entity Name
THE JOSEPH AND RITA COOPER FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -4 PM 12:56

Principal Place of Business
2792 DONNELLY DR.
LANTANA, FL 33462

Mailing Address
2792 DONNELLY DR.
LANTANA, FL 33462



2. Principal Place of Business - No P.O. Box #
2792 DONNELLY DR
Suite, Apt. #, etc.
APT 1501

3. Mailing Address
Suite, Apt. #, etc.

10252008 REIN-LP CR2E100 (1/07)

City & State
LANTANA, FL
Zip
33462

City & State
FL
Zip

Country

4. FEI Number
65-0957938

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, MICHAEL S ESQ.
1201 U.S. HIGHWAY ONE, SUITE 240A
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

10/25/08
DATE

FILE NOW!!! FEE IS \$500.00
After January 1, 2009, Fee will be \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
COOPER, JOSEPH R
6697 SHERBROOK DRIVE
BOYNTON BEACH, FL 33437

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
COOPER Joseph R
2792 DONNELLY DR Apt 1501
LANTANA, FL 33462

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT 2008

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/25/08 433 3249
Date Daytime Phone #

STAPLE CHECK HERE