

# 2006 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A99000001942

1. Entity Name  
WS MARTINEZ LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:55

Principal Place of Business  
107 HICKORY CREEK BOULEVARD  
BRANDON, FL 33511

Mailing Address  
107 HICKORY CREEK BOULEVARD  
BRANDON, FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12202006 REIN-LP CR2E100 (11/05)

City & State

City & State

4. FEI Number  
59-3630357

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, WILLIAM  
107 HICKORY CREEK BOULEVARD  
BRANDON, FL 33511

Name  
MARTINEZ, WILLIAM

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

RHODINE ROAD

City  
RIVERVIEW

FL

Zip Code 33569

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, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

DATE

FILE NOW!!! FEE IS \$1000.00

After January 1, 2007, Fee will be \$2000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000098197  
NAME WS MARTINEZ, INC.  
STREET ADDRESS 107 HICKORY CREEK BOULEVARD  
CITY-ST-ZIP BRANDON, FL 33511

STREET ADDRESS  
CITY-ST-ZIP  
400086822434  
01/31/07 01040 015 \*\*1000.00

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STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE