

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



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

*FILED*  
08 JUN 25 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** B04000000058

**1. Name of Limited Partnership**

THE CHRISTIAN FAMILY LIMITED PARTNERSHIP

**2. Principal Office Address - No P.O. Box #**

1504 N US Hwy 395

Suite, Apt. #, etc.

SUITE #8

City & State

GARDENVILLE, NV

Zip

89410

Country

USA

**3. Mailing Office Address**

1504 N US Hwy 395

Suite, Apt. #, etc.

SUITE #8

City & State

GARDENVILLE, NV

Zip

89410

Country

USA

000131585300

06/23/08--01039--004 \*\*3008.75

CR2E039 (1/07)

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

01/14/2004

**5. FEI Number**

32-0024520

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

EMILY B STRAIT

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

8219 VIA VERONA

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32836

**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certificate of authority was revoked on our records, except in  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.

**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)

Emily B Strait

DATE

06/20/08

(REGISTERED AGENT MUST SIGN)

**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

EMILY B STRAIT

8219 VIA VERONA ORLANDO, FL 32836

B04000000058

(1412-2002)

REINSTATEMENT

06, 08

**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

Emily B Strait

DATE

06/20/08

Typed or Printed Name of General Partner Signing Form

EMILY B STRAIT

Telephone Number

(407) 996-3242