

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT -8 PM 2:22

500161284445
10/02/09--01045--003 **500.00

CR2E039 (1/07)

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B04000000471

1. Name of Limited Partnership

Hauck Enterprises, Ltd.

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

342 Twin City Hwy

3. Mailing Office Address

P.O. Box 70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Neches, Texas

City & State

Port Neches, Texas

Zip

77651

Country

US

Zip

77651

Country

US

4. Date Formed or Registered To Do Business in Florida

10/22/04

5. FEI Number

76-0296592

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

Agents and Corporations, Inc.

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

300 Fifth Ave South

Suite, Apt. #, Etc.

Suite 101-330

City

Naples

State

FL

Zip Code

34102

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A \$500 penalty is due for each year or part thereof of the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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)

(REGISTERED AGENT MUST SIGN)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

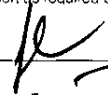
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
JH/JR Enterprises, LLC	342 Twin City Hwy	Port Neches, Texas 77651	M04000004644
			500161284445 10/02/09--01045--004 **500.00
			500161284445 10/02/09--01045--005 **500.00

REINSTATEMENT 2007-2009

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



DATE

10/1/09

Typed or Printed Name of General Partner Signing Form

James A. Hauck, Jr.

Telephone Number

409-727-2227



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 OCT -8 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 7, 2009

HAUCK ENTERPRISES, LTD.
P O BOX 70
PORT NECHES, TX 77651

SUBJECT: HAUCK ENTERPRISES, LTD.
Ref. Number: B0400000471

We have received your document for HAUCK ENTERPRISES, LTD. and your check(s) totaling \$1500.00. However, the document has not been filed and is being retained in this office for the following:

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00032389