

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



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

**13 APR 17 PM 3:11**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # B06000000300**

1. Name of Limited Partnership

**OLY-IDA LAKE GRAY APARTMENTS LP**

2. Principal Office Address - No P.O. Box #  
**2801 Alaskan Way**

3. Mailing Office Address  
**2801 Alaskan Way**

Suite, Apt. #, etc.  
**200**

Suite, Apt. #, etc.  
**200**

City & State  
**Seattle, WA**

City & State  
**Seattle, WA**

Zip  
**98121**

Country  
**USA**

Zip  
**98121**

Country  
**USA**

4. Date Formed or Registered  
To Do Business in Florida **07/28/2006**

5. FEI Number **205304444**

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  
**CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**

Suite, Apt. #, Etc.

City  
**TALLAHASSEE**

FL Zip Code  
**32301**

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.

E-mail Address:

**rfoster@pinnaclefamily.com**

E-Mail address to be used for future annual report notices.

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)

*Maureen Cathell, M.P.* DATE **3/28/13**  
(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 P.O. Box Numbers)

City, State and Zip Code

10a. Registration  
Document Number

**OLY-IDA LAKE GRAY LLC**

**2801 Alaskan Way, Suite 200**

**Seattle, WA 98121**

**M06000001492**

**APR 18 2013**

**T. SCOTT**

**REINSTATEMENT**

**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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

*Stanley J. Harrelson*

DATE

**3/28/13**

Typed or Printed Name of General Partner Signing Form

**OLY-IDA LAKE GRAY LLC by its Manager, Stanley J. Harrelson**

Telephone Number