

Division of Corporations

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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LP/LLP REINSTATEMENT
VI LTD. LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,000.00

DEC 17 2013

R. HUNT

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # B07000000182

1. Name of Limited Partnership

VI LTD. LIMITED PARTNERSHIP

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

3400 E. Lafayette

3. Mailing Office Address

same as #2

Suits, Apt. #, etc.

Suits, Apt. #, etc.

City & State

Detroit, MI

City & State

Zip

48207

Country

USA

Zip

Country

CR2E039 (1/11)

4. Date Formed or Registered
To Do Business in Florida**June 8, 2007**5. Filing Number
26-0325640Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suits, Apt. #, Etc.

PLANTATIONFL Zip Code
33324

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$68.75 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:

Michele.Walker@soave.com

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

9. Pursuant to the provisions of section 820.1810 or 820.1908, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 820, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Rebecca Burt

(REGISTERED AGENT MUST SIGN)

DATE **12/17/2013****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**SC & G Investors, Inc.****3400 E. Lafayette****Detroit, MI 48207****P05000099089****REINSTATEMENT**

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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. Further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 820, Florida Statutes. I am aware that false information submitted in this document to the Department of State constitutes a third degree felony as provided for in 817.135, F.S.

SIGNATURE

*Bryant M. Frank*DATE **December 17, 2013****Bryant M. Frank, Secretary of SC & G Investors, Inc., General Partner**

Typed or Printed Name of General Partner Signing Form

Telephone Number