
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

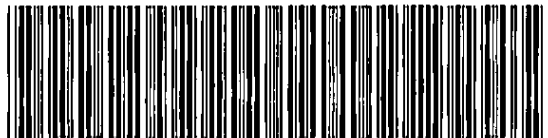
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED
PARTNERSHIP
REINSTATEMENT**



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

18 APR 13 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B16000000086

1. Name of Limited Partnership

Stronghold Inspection, L.P.

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

1440 Sens Road

Suite, Apt. #, etc.

City & State

La Porte, TX

Zip

77571

Country

USA

3. Mailing Office Address

2800 Post Oak Blvd.

Suite, Apt. #, etc.

2600

City & State

Houston, TX

Zip

77056

Country

USA

CR2E039 (1/11)

4. Date Formed or Registered
To Do Business in Florida 04/20/2016

5. FEI Number

26-4087903

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

32301-2525

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:

csantos@quantaservices.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)

Roxanne Turner

Roxanne Turner

Asst. Vice President

4/13/18

(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

Stronghold General, LLC

2800 Post Oak Blvd., Ste.
2600

Houston, TX 77056

APR 10 2018

C. SANTOS

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

Claudia Santos

DATE April 10, 2018

Typed or Printed Name of General Partner Signing Form Stronghold General, L.L.C. By: Claudia Santos, Authorized Representative Telephone Number 713-629-7600

file Second

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558 1500

ACCOUNT NO. : I20000000195

REFERENCE : 127854 7157369

AUTHORIZATION :

COST LIMIT : \$ 2000.00

ORDER DATE : March 22, 2018

ORDER TIME : 9:29 AM

ORDER NO. : 127854-070

CUSTOMER NO: 7157369

REINSTATEMENT

NAME: STRONGHOLD INSPECTION, L.P.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS