2007 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # B95000000088

1. Entity Name
OCALA PARK LIMITED PARTNERSHIP

FILED
07 OCT 17 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
400 MALL BLVD., SUITE M SAVANNAH, GA 31406	400 MALL BLVD., SUITE M SAVANNAH, GA 31406

10102007 REIN-LP CR2E100 (1/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 58-2153543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 Kimberly B. Moret **Kimberly B. Moret as its agent** 10/10/07
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN) DATE

FILE NUMBER FEE IS $500.00
After January 1, 2008, Fee will be $1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000001227	STREET ADDRESS	
NAME	GARFUNKEL DEVELOPMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	400 MALL BLVD., SUITE M		
CITY-ST-ZIP	SAVANNAH, GA 31406		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200110740592
NAME		CITY-ST-ZIP	10/12/07--01060--014 **500.00
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DOCUMENT #		STREET ADDRESS	REINSTATEMENT
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.