


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2013 JUL 17 PM 4:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B96000000368

1. Name of Limited Partnership
F&H Florida Properties Limited Partnership

300249882293
07/18/13--01001--005 **12140.00

GR2E039 (1/11)

| | | | |
|--------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|-----------------------|
| 2. Principal Office Address - No P.O. Box # 5720 Pontiac Trail | | 3: Mailing Office Address 5720 Pontiac Trail | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State West Bloomfield, MI | | City & State West Bloomfield, MI | |
| Zip 48323 | Country USA | Zip 48323 | Country USA |

4. Date Formed or Registered To Do Business in Florida **09/19/1996**

5. Filing Number **383238835**

| | |
|-------------|----------------|
| 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
Ron Robbins

Street Address (P.O. Box Number is Not Acceptable)
561 Spring Lake Dr.

Suite, Apt. #, Etc.

City
Melbourne

State
FL

Zip Code
32940

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:
fmasrimd@yahoo.com

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

9. Pursuant to the provisions of section 620.1810 or 620.1900 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) *x [Signature]* DATE **7-16-2013**
(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 Number) | City, State and Zip Code | 10a. Registration Document Number |
|-----------------------------------------|---------------------------------------------------------------------|---------------------------|-----------------------------------|
| Masri Associates, Inc. | 5720 Pontiac Trail | West Bloomfield, MI 48323 | |
| REINSTATEMENT 02-13 <i>DB</i> | | | |

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 *F. Masri* DATE **7-16-2013**
Typed or Printed Name of General Partner Signing Form **Fatima Masri, President-Masri Associates, Inc.** Telephone Number **248-390-1208**