

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 MAR -4 PM 3:24

LIMITED  
PARTNERSHIP  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # B97000000005

1. Name of Limited Partnership DOVA of Hollywood Limited Partnership

200256686312  
03/04/14--01022--022 \*\*1008.75

200256686312  
02/12/14--01023--022 \*\*1000.00

2. Principal Office Address - No P.O. Box #  
6000 meadowbrook mall

3. Mailing Office Address PO Box 1670

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 21

City & State

Clemmons NC

City & State

Clemmons NC

Zip

Country

27012

USA

Zip

Country

27012

USA

4. Date Formed or Registered To Do Business In Florida 01/02/1997

5. FEI Number

56-2011822

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 CT Corporation System

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

1200 South Pine Island

Suite, Apt. #, Etc.

City Plantation

Zip Code

FL 33324

E-mail Address:

ganzhorn@bellsouth.net

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

9. Pursuant to the provisions of section 620.1819 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) Marie Edwards Asst. Secretary

(REGISTERED AGENT MUST SIGN)

DATE 2/16/14

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   |
|--|--|--------------------------|---|
| F9700000029<br>DOVA of Hollywood G.P., Inc | 6000 Meadowbrook Mall<br>Suite 21                                    | Clemmons NC 27012        | F97000000029<br>Applied for reinstatement concurrent with this application. |

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 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

DATE 1-27-14

Typed or Printed Name of General Partner Signing Form D. Gray Angell, Jr President

Telephone Number 336 766 5666 x 11

of General Partner

R4 3/5/14