

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JUL 23 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #B99000000401**

**1. Name of Limited Partnership**

**D & Y FAMILY LIMITED PARTNERSHIP**

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

**7535 N.E. RIVER ROAD**

Suite, Apt. #, etc.

City & State

**ELK RIVER, MN**

Zip

**55330**

Country

**USA**

**3. Mailing Office Address**

**C/O BECK PROPERTY CO.**

Suite, Apt. #, etc.

**4890 BAYOU BLVD.**

City & State

**PENSACOLA, FLORIDA**

Zip

**32503**

Country

**USA**

**4. Date Formed or Registered  
To Do Business in Florida**

**5. FEI Number**

**41-1825734**

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 **MCDONALD FLEMING MOORHEAD**

**C/O STEVE MOORHEAD**

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

**25 W. GOVERNMENT STREET**

Suite, Apt. #, Etc.

City

**PENSACOLA**

State

**FL**

Zip Code

**32502**

**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)

(REGISTERED AGENT MUST SIGN)

DATE

**6/30/08**

**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)**

**DARKENWALD, GILBERT**

**Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)**

**7535 N.E. RIVER RD, ELK RIVER, MN 55330**

**City, State and Zip Code**

**10a. Registration  
Document Number**

**REINSTATEMENT 2007, 2008**

**700121468777**  
**07/08/08--01020--017 \*\*500.00**

**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 the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 40, 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.**

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Telephone Number