

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

**1.** Name of Limited Partnership

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

Suite, Apt. #, etc.

City & State

Zip

Country

**3.** Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E039 (1/07)

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

**5.** FEI Number

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

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

**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.

A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

**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) \_\_\_\_\_ DATE \_\_\_\_\_  
(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

**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 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Telephone Number \_\_\_\_\_

**PLEASE READ ALL INSTRUCTIONS CAREFULLY. ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S).**

**IF YOU NEED ASSISTANCE, PLEASE CALL THE PARTNERSHIP SECTION AT (850) 245-6051.**

**INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION:**

- Block 1 Enter name of limited partnership and Florida document number.
- Block 2 Enter limited partnership's principal office address.
- Block 3 Enter limited partnership's mailing address.
- Block 4 If Florida limited partnership, enter date original certificate was filed with this office.  
If out-of-state limited partnership, enter date partnership was registered with Florida Dept. of State.
- Block 5 Enter Federal Employer Identification (FEI) number or check the appropriate box. If "APPLIED FOR" was previously reported, you must now provide the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-4933.
- Block 6 Include an additional \$8.75 if a certificate of status is requested in Block 6.
- Block 7 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.  
\* Check the box if the entity did not receive the prior notices. If checked, the \$500 penalty fee(s) will be waived.
- Block 8 Enter name and address of registered agent.
- Block 9 The registered agent must sign accepting obligations and duties pursuant to section 620.1810 or 620.1909, Florida Statutes.
- Block 10 Enter names and street addresses of the general partners. (Note: An amendment along with a separate filing fee must be submitted to add or delete a general partner. Please call (850) 245-6051 for amendment information.)
- Block 10a Enter Florida document/registration number for each business entity listed as a general partner. (Note: Each business entity serving in the capacity of a general partner must be registered and active on our records or this application will be rejected.)
- Block 11 A general partner must sign this application.

**MAILING ADDRESS:**

Division of Corporations  
Attn: Partnership Section  
P.O. Box 6327  
Tallahassee, FL 32314

**COURIER ADDRESS:**

Partnership Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**INTERNET ADDRESS:**

www.sunbiz.org  
**PHONE:** (850) 245-6051  
Hearing/Voice Impaired may call  
(850) 245-6096 (TDD)