



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached is a form for filing a Certificate of Revocation of Dissolution for a Florida limited partnership or limited liability limited partnership.

A Certificate of Revocation of Dissolution must be filed within 120 days of the effective date of the dissolution.

The revocation must be prepared in compliance with s. 620.1812, Florida Statutes. You must attach a copy of the Certificate of Dissolution to the revocation.

The revocation must be signed by all general partners or the person appointed pursuant to s. 620.1803(3) or (4), F.S., and contain the following information:

- (1) The name of the limited partnership or limited liability limited partnership;
- (2) The effective date of the dissolution being revoked;
- (3) A statement the revocation of dissolution was authorized in the same manner as the dissolution; and
- (4) The date the revocation of dissolution was authorized.

The fee to file the revocation is \$52.50. Certified copies of the revocation are \$52.50 each. You should total all fees and forward one check made payable to the Florida Department of State for the total amount.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

For further information, you may contact the Registration Section at (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Contact Person

Firm/Company

Address

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE
OF
REVOCATION OF DISSOLUTION
FOR**

Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

FIRST: The effective date of the certificate of dissolution being revoked is:

SECOND: The revocation of dissolution was authorized in the same manner as the dissolution.

THIRD: The revocation of dissolution was authorized on:

FOURTH: Attached is a copy of the certificate of dissolution.

FIFTH: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$ 8.75