

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 (1/11)

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

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.

E-mail Address:

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

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 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 _____ **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.
- 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)