

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



**A01549**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 AUG 20 PM 1:01

DOCUMENT #

1. Name of Limited Partnership

A01549

EAST GREEN HILLS APARTMENTS, LTD.

7/21/80

DO NOT WRITE IN THIS SPACE.

2. Mailing Address

17842 SW 107 Avenue

Suite, Apt. #, etc.

#25

City & State

Miami, Florida

Zip

33157

Country

DADE

3. Principal Office Address

17842 S.W. 107 Avenue

Suite, Apt. # etc.

#25

City & State

Miami, Florida

Zip

33157

Country

DADE

4. Date Formed or Registered To Do Business in Florida

7/23/71

5. FEI Number

31-6117227

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SB 75 Additional Fee required for a Certificate of Status.

7. State or Country of Formation

FLORIDA

8a. Capital Contributions as Shown on Record

350,000

8b. Amount of Capital Contributions in FLORIDA to date

350,000

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

Name

LUIS M. GONZALEZ

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

9901 S.W. 70 Avenue

Suite, Apt. #, etc.

City

Miami, FLORIDA

FL

Zip Code

33156

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

(see below)

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
KANKO DEVELOPMENT CORP. CORPORATION	17842 S.W. 107 Avenue Suite 25	Miami, Florida 33157	315560
<p>300002274983--9 -08/22/97--01080--001 **16443.75 **16443.75</p> <p><b>REINSTATEMENT 1980-1997</b></p> <p><i>(BKCUS)</i></p>			

ADM - 15,893.75  
AR - 437.50  
AR SUPP - 103.75  
CUS - 8.75  
\$16,443.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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

*Luis M. Gonzalez*

DATE

8/18/97

Typed or Printed Name of General Partner Signing Form **LUIS M. GONZALEZ, PRESIDENT / R.A.** Telephone Number

CR2E039 (1/97)