

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A07747

1. Name of Limited Partnership
Homestead Plaza Associates, Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2. Principal Office Address 3333 New Hyde Park		3. Mailing Office Address Same		4. Date Formed or Registered To Do Business in Florida 7/31/1979	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc.		5. FEI Number 11-2518393	
City & State New Hyde Park, New York		City & State		Applied For Not Applicable	
Zip 11042	Country USA	Zip 11042	Country	6. CERTIFICATE OF STATUS DESIRED ☒ \$4.75 Additional Fee required for a Certificate of Status.	
6. Name and Address of Current Registered Agent				7a. Capital Contributions as shown on Record: 1,485,000.00	
Name C T Corporation System				7b. Amount of Capital Contributions in FLORIDA to date: 1,485,000.00	
Address (Do NOT use P.O. Box Number) 1200 S. Pine Island Road				FEEs:	
Suite, Apt. #, Etc.				1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.	
City Plantation	State FL	Zip Code 33324		2) Supplemental Fee(s): \$88.75 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	

8. 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.

SIGNATURE (Registered Agent Accepting Appointment)

*Connie Boyan*Special Asst.
Secretary

DATE

7/27/04

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
Kimco Realty Corporation	3333 New Hyde Park Rd.	New Hyde Park, NY 11042	P95000002037
FF \$ 23,563.75 CUS 8.75 REINSTATEMENT 1980-2004 let 7/27			

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 exemption stated in Section 119.07(3)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) 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 effect 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 By:

Bruce M. Kauderer

DATE

7/22/04

Bruce M. Kauderer, Vice-President

Typed or Printed Name of General Partner Signing Form

Telephone Number