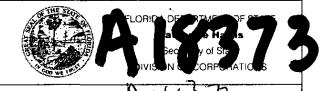
APPLICATION FOR REINSTATEMENT FOR

LIMITED PARTNERSHIP



FILED SECRETARY OF STATE DIVISION OF COMPURATIONS

00 FEB 23 AM 10: 12

DOCUMENT

1. Name of Limited Partnership

SIGNATURE.

DRE	KEL	BURNHAM	LAMBERT	REAL	ESTATE	ASSOCIATES
TT	TTT	1				

4/12/98

DO NOT WRITE IN THIS SPACE

		4110	(ני)		DO NOT WITH	E IN THIS SPACE.						
2. Mailing Address Colorado Center	3. Principal Office AddresColorado Cente			Pr4. Date Formed or Registered To Do Business in Florida 11/27/1984								
Tower Two: 2000 South	Tower Two, 2000 South											
Ste 2-1000 Blvd	Suite, Apt. #, etc. Colorado Blvd Ste 2-1000			5. FEI Num			Applied For					
City & State	City & State			13-3	3202289		Not Applicable					
Denver, CO	Denver, CO			6.		\$8.75 Add	litional Fee required					
^{Zi} 80222 Country	^{Zig} 80222	Country	·		CERTIFICATE OF STATUS DESIRED for a Certificate of Status							
					Country of Formation	New York						
8a. Capital Contributions as Shown on Record:	FEES:1.) Filing Fee(s):	Computed at a rate of	d at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maxim									
\$18,636,500.00	-	each year due this offic	r <u>due</u> this office. \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.									
8b. Amount of Capital Contributions in FLORIDA to date:	Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a sep											
\$18,636,500.00	appropriate filing fee											
9. Name and Address of Current Ro	gistered Agent			10. If changed, new registered agent/office								
		Name										
United Corporate Services,			Corporation Service Company Street Address (P.O. Box Number is Not Acceptable)									
801 North East 167th Street	, Ste. 300	120	1201 Hays Street									
North Miami Beach, FL 33162	Suit		Suite, Apt. #, etc.									
	City Tallahass		2.0		FL 32	301						
10a. Pursuant to the provisions of sections 620.1051 and 6	20 102 Finish Control to the share											
Lynette Coleman SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE BEGISTERED AND ACTIVE WITH THIS OFFICE.												
11. Names of General Partner(s)	Address of Each Ge (Do NOT Use Post Office	neral Partner		City, State an			legistration ument Number					
DBL Properties Corporation				er, CO	80222	P10 62						
FWALTY - 1,500.00	Blvd., Suite 2-1000											
An - 1312,50	Bh					:						
ARSUPP- 266.25	2	23/04)	e00003		45496	;4					
ARSUPP- 266.25 \$3,078.75	REAKS	TATEN	ENT	199	8-2000		: :					
Note: General partners MAY NOT b	<u> </u>	form; an am	endmen	t must be	e filed to char	nge a gener	al partner.					

12. I co nereby certify that the information supplied with this filling is voluntarily furnished and does not quality 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 that a General Partner of the limited partnership, receiver or trustee empowered to execute this people as required by chapter 620. Florida Statutes,





ACCOUNT NO.: 07210000032

REFERENCE :

597834

AUTHORIZATION:

COST LIMIT :

ORDER DATE: February 22, 2000

ORDER TIME :

3:56 PM

ORDER NO. : 597834-005

CUSTOMER NO:

4312639

CUSTOMER: Ms. Mary Keogh

SKADDEN ARPS SLATE MEAGHER & SKADDEN ARPS SLATE MEAGHER &

One Rodney Square

Wilmington, DE 19801

DOMESTIC FILING

NAME:

DREXEL BURNHAM LAMBERT REAL ESTATE ASSOCIATES II LTD.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS: