

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



LOUISIANA DEPARTMENT OF STATE
Sandrine M. McMan
Secretary of State
DIVISION OF CORPORATIONS
A 22752

FILED
97 DEC 10 PM 3:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Name of Limited Partnership
717 S HOWARD ASSOCIATES, LTD.

4/15/94

DO NOT WRITE IN THIS SPACE.

2. Mailing Address
2910 BAY TO BAY BLVD

Suite, Apt. #, etc
SUITE 200

City & State
TAMPA FLA

Zip Country
33629 FLA

3. Principal Office Address
2910 BAY TO BAY BLVD.

Suite, Apt. #, etc
SUITE 200

City & State
TAMPA FLA

Zip Country
33629 FLA

4. Date Formed or Registered
To Do Business in Florida 1988

5. FEI Number
59-2698100

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation HILLSBOROUGH, FLA.

8a. Capital Contributions as Shown
on Record: 400,000

8b. Amount of Capital Contributions in
FLORIDA to date 400,000

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in Bb, 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 Bb 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

EDWARD L. FLOM
2910 BAY TO BAY S 200
TAMPA FLA 33629

10. If changed, new registered agent/office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc
City

308002374693
-12/17/97--0104--031
***4715.00 FL ***4715.00

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.

SIGNATURE (Registered Agent Accepting Appointment) Edward Louis Flom DATE 12/9/97

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
EDWARD L. FLOM	2910 BAY TO BAY S 200 TAMPA, FLA 33629	TAMPA FLA 33629	A22752
MICHAEL S. RYNAWT	109 W BRUSH TAMPA, FLA 33602	TAMPA FLA 33602	
JAMES McNULTY	400 ASHLEY DRIVE TAMPA, FLA 33602	TAMPA, FLA 33602	
DOUGLAS R BELDEN	3602 WOODRIDGE PARK SOUTH TAMPA, FLA 33629	TAMPA, FLA 33629	
PENALTY - 2,000.00 AR - 2,187.50 SUPP - 518.75 CVS - 8.75 <u>4,715.00</u>	REINSTATEMENT 1994-1997		1998 A.R.

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 Edward Louis Flom DATE 12/9/97

Typed or Printed Name of General Partner Signing Form EDWARD LOUIS FLOM Telephone Number 813 837-6701

CR2E039 (1/97)