

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN 22 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE.

DOCUMENT # **A 22814**
1. Name of Limited Partnership
PEMBROKE ASSOCIATES, LTD.

2. Mailing Address
34311 VIOLET LANE
Suite, Apt. #, etc.
City & State
DANA POINT, CA
Zip
92629 Country
USA

3. Principal Office Address
SAME AS #2
Suite, Apt. #, etc.
City & State
Zip Country
4. Date Formed or Registered To Do Business in Florida
6/26/1976
5. FEI Number
59-2712941
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional Fee required for a Certificate of Status
7. State or Country of Formation

8a. Capital Contributions as Shown on Record
736,000.00
8b. Amount of Capital Contributions in FLORIDA to date
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): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report term 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
MOSKOWITZ, JAMES, F.
~~34311 VIOLET LANE~~
~~DANA POINT, CA 92629~~
800 CYPRESS BRICK DRIVE #412
POMPANON FL 33064

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc. **600802575856-0**
City **06/30/98--01027--0015**
*****1035.00 ***1035.00**
FL

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) _____ 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
EMERSON EQUITIES	ONE EMERSON LANE	N. BERGEN N.J.	693301900022
	500	437.50	88.78
		8.75	

REINSTATEMENT **98 cus**
dec

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 _____ DATE **5/27/98**
Typed or Printed Name of General Partner Signing Form **JAMES MOSKOWITZ** Telephone Number _____

CR2E039 (12/97)