

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



A23885

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 AM 11:56

DOCUMENT # A23885

1. Name of Limited Partnership

3900 ISLAND BOULEVARD ASSOCIATES, LTD.

4/8/97

FORM 1001 (REV. 11-15-85) (PC)

2. Principal office address

7900 Island Blvd.

3. Principal office address

7900 Island Blvd.

4. Date Formed or Registered To Do Business in Florida

Dec. 17, 1986

City, State

Williams Island FL

City, State

Williams Island FL

5. Certificate Number

59-2747937

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

50.25 Additional Fee required for a Certificate of Status

7. State or Country of Formation Florida

8a. Capital Contributions as Shown on Record

2000.00

8b. Amount of Capital Contributions in FLORIDA to date

zero

FEES:

- 1) Filing Fees) 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 \$137.50, for each year due this office
 - 2) Supplemental Fees) \$88.75 for each year due this office, beginning with 1992 calendar year
 - 3) Penalty Fees) \$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

Alan Matus
7900 Island Blvd.
Williams Island, FL 33160

10. If changed, new registered agent office

Name Corporation Service Company
Address (P.O. Box, Home or Hotel Address) 1201 Hayes Street
Suite, Apt. #, etc.
City Tallahassee FL Zip Code 32304

10a. Pursuant to the provisions of Sections 620.11-51 and 620.192, Florida Statutes, the above named limited partnership organization 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 this appointment of registered agent. I am familiar with and accept the obligations of Section 620.192, Florida Statutes.

Deborah D. Skipper
as its agent

5-1-00

SIGNATURE (Registered Agent Accepting Appointment)

Deborah D. Skipper

DATE

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

11. Name of General Partner

Address of Each General Partner (Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration Document Number

3900 Island Boulevard, Inc.

7900 Island Blvd.

Williams Island, FL 33160

M42536

3900 Holdings, Inc.

7900 Island Blvd.

Williams Island, FL 33160

F93000004566

PENALTY - 2000.00
 AR 210.00
 AR SUPP - 355.00
 \$ 2,565.00

REINSTATEMENT

7000003255877-0
-05/17/00--01066--003
2565.00
1997 2000
2565.00

(Signature)

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

12. I hereby certify that the information supplied with this filing is complete, true and does not qualify for the exemption under Section 190.001(2)(b), Florida Statutes. I believe this Division of Corporations from any liability, or non-compliance with Section 190.001(2)(b), Florida Statutes, in the event that the information supplied is deemed exempt from public access. I believe that the information submitted was a good faith effort to be accurate and that the signature is by the same agent after its appointment under oath. I further certify that I am a General Partner of the limited partnership referred to in this application and I declare this report as required by Chapter 620, Florida Statutes.

3900 HOLDINGS, INC.

SIGNATURE By:

James L. [Signature]

DATE 4/28/00

Telephone Number (732) 390-9400