-A96000001699

APPLICATION FOR REINSTATEMENT FOR

LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATION

98 JUL -6 AM 8: 55

DOCUMENT # A96000001699

1. Name of Limited Partnership

WILSHIRE PINES, LTD.

					DO NOT WRITE IN THIS SPACE				
2. Maiing Address 2700 Pine Ridge Road		3. Principal Office Address 2700 Pine Ridge Road			4. Date Formed or Reg stered To Do Business in Florida 09/12/96				
Suite, Apt #, etc		Suite, Apt. #, etc			5. FEI Nun	5. FEI Number			Applied For
City & State Naples, FL		City & State Naples, FL			6.				
Zip Coun	try	Zip C			CERTIFIC	CERTIFICATE OF STATUS DESIRED for a Certificate of Sta			
34105 USA		34105	34105 USA		7. State or	7. State or Country of Formation Florida			
8a. Capital Contributions as Shown on Record: \$99.00 8b. Amount of Capital Contributions in FLORIDA to date \$99.00		\$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due 3.) Penalty Fee(s): \$500 penalty fee for each year			,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of ig this office, beginning with 1992 calendar year. If pood form is delinquent ntered in 8a, a supplemental affidavit must be submitted along with a separate and				
9, Name at	gistered Agent			10. If ch	10. If changed new registered agent/office				
John N. Brugger c/o Forsyth, Brugger & Bourgeau, P.A. 600 Fifth Avenue South, Suite 207 Naples, FL 33940				Name Kenneth R. Johnson, Esquire					
	its registered office or regis d accept the obligations of opting Appointment)	spirof agent or both, in the S lighten 620 192, Florid Statu Muurli	ON, LI	a. Such change was MITED PAR	RTNERSHI	P OR OTHE	6/9/	appointmer	nt of registered
11. Names of General Partner(s) Address of Each General Partner(s) (Do NOT Use Post Office Box Nu			or City, State and Zip Code			11a.		stration nt Number	
WILSHIRE PINES DEV CORPORATION	VELOPMENT	2700 Pine Ric	lge Ro			00002	(/9801 41 25	86C) 3

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

1. 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 rolease 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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, roceiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 06/09/9<u>8</u> (94/) WY9- 4440 CR2E039 (12/9)