

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 NOV -4 AM 9:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000373

1. Name of Limited Partnership

AMC DELANCEY MIAMI LAKES ASSOCIATES, LP

2. Principal Office Address

555 Croton Road

Suite, Apt. #, etc.

Suite 300

City & State

King of Prussia PA

Zip Country

19406

USA

3. Mailing Office Address

718 Arch Street

Suite, Apt. #, etc.

Suite 400 North

City & State

Philadelphia PA

Zip Country

19106

USA

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

10/10/2001

5. FEI Number

23-3094089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:
\$1, 662,500.00

7b. Amount of Capital Contributions in FLORIDA to date:
\$19,000

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

9. 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.**

10. Name(s) of General Partner(s)

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

City, State and Zip Code

**10a. Registration
Document Number**

AMC DELANCEY MIAMI LAKES INC.

555 Croton Road
Suite 300

King of Prussia, PA
19406

F01000005563

700008791587
11/04/02--01104--005 **721.75

REINSTATEMENT

2002

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

Patrick J. Brala

By AMC DELANCEY MIAMI LAKES INC
By PATRICK J. BRALA, TREASURER

DATE 11-6-02

Typed or Printed Name of General Partner Signing Form

Telephone Number 904-27-02

CR2E039 (10/02)