

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 24 AM 9:26

DOCUMENT # **A15114**

1. Name of Limited Partnership: **Lewiston Properties Limited Partnership**  
c/o Dean Witter Realty Inc.  
Two World Trade Center  
New York, NY 10048

DO NOT WRITE IN THIS SPACE

|                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                           |  |
|----------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|
| 2. <b>Same</b>                                                             |  | 3. <b>Same</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 4. <b>August 12, 1983</b>                                 |  |
| Suite, Apt #, etc.                                                         |  | Suite, Apt #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 5. FEI Number <b>62-1177801</b>                           |  |
| City & State                                                               |  | City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Applied For <input type="checkbox"/>                      |  |
| Zip                                                                        |  | Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Not Applicable <input type="checkbox"/>                   |  |
| Country                                                                    |  | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> |  |
| 8a. Capital Contributions as Shown on Record<br><b>\$1,598,578</b>         |  | 7. State or Country of Formation <b>Massachusetts</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                           |  |
| 8b. Amount of Capital Contributions in FLORIDA to date<br><b>\$877,300</b> |  | <b>FEES:</b><br>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.<br>2.) Supplemental Fee(s): \$133.75 for each year due this office, beginning with 1992 calendar year.<br>3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.<br>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<br><b>Corporation Service Company</b><br><b>1201 Hays Street</b><br><b>Tallahassee, FL 32301</b> |  | 10. If changed, new registered agent/office        |  |
|                                                                                                                                                  |  | Name                                               |  |
|                                                                                                                                                  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|                                                                                                                                                  |  | Suite, Apt #, etc.                                 |  |
|                                                                                                                                                  |  | City                                               |  |
|                                                                                                                                                  |  | FL Zip Code                                        |  |

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 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                                                      |
| Liberty Street Associates LP    | 2 World Trade Center                                                 | New York, NY 10048       | A15148                                                                                 |
|                                 |                                                                      |                          | <b>900002050509--6</b><br><b>-01/08/97--01047--020</b><br><b>***2728.75 ***2728.75</b> |
| <b>REINSTATEMENT</b>            |                                                                      |                          | <b>95.97</b><br><b>dec</b>                                                             |

**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

*Ronald J. DiPietro*

DATE **12/16/96**

Typed or Printed Name of General Partner Signing Form

**Ronald J. DiPietro, Vice President of GP**

Telephone Number

**(212) 392-4578**

CR25039 (4/95)

Document Number Only

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City State Zip Phone

CORPORATION(S) NAME

Riverside Plaza, Ltd. # A20236

Hashell Realty Developers, Ltd. II  
# A20208

☐ Profit  
☐ NonProfit  
☐ Limited Liability Co.

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other ucc Filing

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☒ Certified Copy *buts, amends, merges*

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☒ Pick Up

☐ Mail Out

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*Call Me today if possible, Please, with any amount over \$52.50. Thanks!*