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APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 SEP 23 AM 8:53	
DOCUMENT # A93000000355					
1. Name of Limited Partnership REAL ESTATE ACQUISITION LIQUIDATION PARTNERS. DBA - R.E.A.L. PARTNERS					
2. Mailing Address 350 So. County Rd Suite, Apt. #, etc. 201 City & State Palm Beach, FL Zip 33480 Country USA		3. Principal Office Address 350 So. County Rd Suite, Apt. #, etc. 201 City & State Palm Beach, FL Zip 33480 Country USA		4. Date Formed or Registered To Do Business in Florida 1993	
5a. Capital Contributions as Shown on Record 1,000 -		5b. Amount of Capital Contributions in FLORIDA to date 1,000.		5. FEI Number 65-0397916 6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status	
FEES: 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 5b, 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 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.					
9. Name and Address of Current Registered Agent W. Lawrence LeNore 350 So. County Rd #201 Palm Beach, FL 33480			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 620.1061 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) <i>W. Lawrence LeNore</i> DATE 8/17/98.					
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) William L. LeNore		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 350 So. County Rd #201 Palm Beach, FL 33480		11a. Registration Document Number P95000068680 400002647344-3 -09/23/98--01075--003 ***3215.00 ***3215.00 400002647344-3 -09/23/98--01075--004 ***132.15 ***132.15 REINSTATEMENT OR 9-23	
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 <i>W. Lawrence LeNore</i> DATE 8/12/98 Typed or Printed Name of General Partner, Receiver or Trustee W. Lawrence LeNore Telephone Number 561-832-0227					

CR25039 (12/97)