

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 15 PM 2:49

DOCUMENT # **A01000001276**

1. Name of Limited Partnership

Kolter City Plaza, LTD.

REINSTATEMENT 2002

2. Principal Office Address

1601 Forum Place

Suite, Apt. #, etc.

Suite 805

City & State

West Palm Beach, FL

Zip

33401

Country

USA

Principal Office Address

2200 YONGE STREET

Suite, Apt. #, etc.

1600

City & State

TORONTO ONTARIO

Zip

M4S 2C6

Country

CANADA

4. Date Formed or Registered
To Do Business in Florida

9/19/01

5. FEI Number

98-0364362

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:

5,500,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

1000.00

8. Name and Address of Current Registered Agent

Name

CSC

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2607

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.

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)

Maurice Cull

DATE

11/13/02

**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)

KOLTER CITY PLAZA INC

Name
change
amend
dated
1/16/02

A01-1276

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

**2200 YONGE STREET
SUITE 1600
TORONTO CANADA
M4S 2C6**

REINSTATEMENT

2002

City, State and Zip Code

F01-4680

10a. Registration
Document Number

600009030096

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

Michael Clarke

DATE

11/08/02

Typed or Printed Name of General Partner Signing Form

MICHAEL CLARKE

Telephone Number

416-485-0477

CR2E039 (10/02)

242



ACCOUNT NO. : 072100000032

REFERENCE : 818783 5124579

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 641.25

ORDER DATE : November ¹⁵~~13~~, 2002

ORDER TIME : 11:37 AM

ORDER NO. : 818783-005

CUSTOMER NO: 5124579

CUSTOMER: Ms. Trish Wilson
Kolter Property Company
2200 Yonge Street, Suite 1600

Toronto, ON M4S 2C6

DOMESTIC FILINGS

NAME: KOLTER CITY PLAZA, LTD.

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XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea EXT 1114

EXAMINER'S INITIALS

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
02 NOV 15 PM 12:57

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