

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC 24 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200139269752
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CR2E039 (1/07)

DOCUMENT # A 01000001276

1. Name of Limited Partnership

Kolter City Plaza Ltd.

2. Principal Office Address - No P.O. Box #

1601 Forum Place

3. Mailing Office Address

1601 Forum Place

Suite, Apt. #, etc.

Suite 805

Suite, Apt. #, etc.

Suite 805

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33401

Country

US

Zip

33401

Country

US

4. Date Formed or Registered
To Do Business in Florida

9.19.01

5. FEI Number

98 036 4362

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records.

[] A \$500 penalty is due for each year or part thereof the entity's
certificate of authority was revoked on our records, except in
circumstances which the entity did not receive the prior notices.
By checking this box, you are certifying the prior notices were not
received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Michele Polsky

(REGISTERED AGENT MUST SIGN)

Michele Polsky

Assistant VP

DATE

12/16/08

ons of Chapter 620.

**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

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

1601 Forum Place
Suite 805

City, State and Zip Code

West Palm Beach, FL
33401

10a. Registration
Document Number

F08000004557

REINSTATEMENT

08

C.S.

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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

Michele Polsky

DATE

12.16.08

Typed or Printed Name of General Partner Signing Form

Telephone Number