

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC 19 AM 8:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **A02000000584**

1. Name of Limited Partnership

CMS Cordova Associates, Limited Partnership

2. Principal Office Address

One Bala Plaza

Suite, Apt. #, etc.

Suite 412

City & State

Bala Cynwyd, PA

Zip

19004

Country

USA

3. Mailing Office Address

One Bala Plaza

Suite, Apt. #, etc.

Suite 412

City & State

Bala Cynwyd, PA

Zip

19004

Country

USA

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

4/17/02

5. FEI Number

03-0395793

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:

\$1,393,000.00

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

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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 due.

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.

Vicki Ann Owens

Special Assistant Secretary

DATE 10/30/13

SIGNATURE (Registered Agent Accepting Appointment)

[Signature]

**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**

**CMS Cordova
Partners, L.P.**

**c/o CMS
AGG/related
Partnerships
One Bala Plaza
Suite 412
Bala Cynwyd, PA
19004**

**100026138411
01/06/04--01044--008 **526.25**

B02000000128

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

[Signature]

DATE

11/4/03

Typed or Printed Name of General Partner Signing Form

Richard Kwiat, Authorized Signatory

215-246-3000

CR2E038 (9/03)

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December 12, 2003

FILED

2003 DEC 19 AM 8:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314
Attn: Mr. Bryan

**Re: Certificate of Reinstatement of CMS Cordova Associates,
Limited Partnership**

Dear Mr. Bryan:

CMS

CMS COMPANIES
1926 ARCH STREET
PHILADELPHIA, PA
19103-1484
TELEPHONE:
(215) 246-3000
FAX: (215) 246-3083
cmsco@cmsco.com

■
CAPITAL MANAGEMENT
SYSTEMS, INC.

■
CMS
INVESTMENT RESOURCES, INC.
Securities offered through
CMS Investment Resources, Inc.
Member NASD

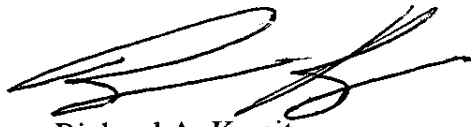
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CMS FUND ADVISERS, INC.

Thank you for our conversation on Wednesday, December 10th relating to the Certificate of Reinstatement of CMS Cordova Associates, Limited Partnership which was initially delivered to the Department of State on November 14, 2003. Such Certificate was recently returned to my attention for failure to enclose a \$500 late fee. As I mentioned to you, it was my understanding that such late fee would be waived due to the fact that we did not receive the initial notice of revocation from the Department and were not made aware of the fact that our filing had not been received. In light of the foregoing, I am re-sending the Certificate of Revocation and check for reinstatement for CMS Cordova Associates, Limited Partnership and requesting that the Department kindly waive the late fee and reinstate CMS Cordova Associates, Limited Partnership.

Thank you for your attention to this matter and I look forward to receiving verification of reinstatement.

Very truly yours,

CMS INVESTMENT RESOURCES, INC.



Richard A. Kwait
Counsel

Direct Dial: (215) 246-3053
E-Mail: rak@cmsco.com