

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 DEC 11 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04894

1. Name of Limited Partnership

Kimco -Peters Co., Ltd.

2. Principal Office Address - No P.O. Box #
3333 New Hyde Park Road

3. Mailing Office Address
3333 New Hyde Park Road

Suite, Apt. #, etc.
Suite, 100

Suite, Apt. #, etc.
Suite, 100

City & State
New Hyde Park, New York

City & State
New Hyde Park, New York

Zip Country
11042 USA

Zip Country
11042 USA

4. Date Formed or Registered To Do Business in Florida 05/13/1976

5. FEI Number 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
C T Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.

City Plantation FL Zip Code 33324

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 of limited partnership revoked on our records.

E-mail Address:
smasone@kimcorealty.com

E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1810 or 620.1800, 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) Carrie Bryan DATE 12/11/2013

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
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Kimco Development Corporation	3333 New Hyde Park Rd, Ste 100	New Hyde Park, NY 11042	830398
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REINSTATEMENT

DEC 11 2013
R. HUNT

600254692753
12/18/13--01006--005 **\$1000.00

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 exemptions contained in Chapter 118, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 118, 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 appointed to assume this report as required by chapter 420, Florida Statutes. I am aware that the information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.355, F.S.

SIGNATURE Susan L. Masone DATE 12/6/13

Typed or Printed Name of General Partner Signing Form Susan L. Masone, Asst Secy Telephone Number