

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -4 AM 8:06

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A06000000123

1. Name of Limited Partnership

DIM-GOVERNORS TOWN SQUARE LIMITED PARTNERSHIP

700207216387

CR2E039 (1/11)

2. Principal Office Address - No P.O. Box #
1600 NE Miami Gardens Drive

3. Mailing Office Address
1600 NE Miami Gardens Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Miami Beach, FL

City & State
North Miami Beach, FL

Zip
33179

Country
USA

Zip
33179

Country
USA

4. Date Formed or Registered
To Do Business in Florida 01/19/2006

5. Filing Number
20-4415868

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

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.

E-mail Address:

svainstein@equityone.net

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

9. Pursuant to the provisions of section 620.1810 or 620.1809, 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)

Carina L. Dunlap
(REGISTERED AGENT MUST SIGN)

Carina L. Dunlap
Asst. Vice President 5/4/11
DATE

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

DIM-Governors Town Square,
LLC

1600 NE Miami Gardens
Drive

North Miami Beach, FL
33179

L06000005804

REINSTATEMENT 2010-2011

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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

Arthur L. Gallagher

DATE April 25, 2011

By: DIM-Governors Town Square, LLC, GP, By: Arthur L. Gallagher, VP & Sec.

Typed or Printed Name of General Partner Signing Form

Telephone Number



CORPORATION SERVICE COMPANY

A06000000123

ACCOUNT NO. : I20000000195

REFERENCE : 767003 7375564

AUTHORIZATION :

[Signature]

COST LIMIT :

\$7

ORDER DATE : May 4, 2011

ORDER TIME : 2:38 PM

ORDER NO. : 767003-005

CUSTOMER NO: 7375564

[Signature]

RECEIVED
11 MAY -4 PM 4:12
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DIM-GOVERNORS TOWN SQUARE
LIMITED PARTNERSHIP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS _____

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