

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

A06164

FLORIDA DEPARTMENT OF STATE
Sanford Mortham
Secretary of State
BUREAU OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 10 AM 10:53

DOCUMENT #A 06164
1. Name of Limited Partnership
SUNDALE ASSOCIATES, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address 9100 N. Kendall Drive		3. Principal Office Address 9100 N. Kendall Drive		4. Date Formed or Registered To Do Business in Florida 12/16/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1813297	
City & State Miami, FL.		City & State Miami, FL.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip 33176	Country USA	Zip 33176	Country USA	7. State or Country of Formation FLORIDA	
8a. Capital Contributions as Shown on Record 45,000.00		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$138.75 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.			
8b. Amount of Capital Contributions in FLORIDA to date 45,000.00		Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			

9. Name and Address of Current Registered Agent Philip Scutieri, Jr. 9100 North Kendall Drive Miami, FL. 33176		10. If changed, new registered agent/office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

10a. 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) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Philip Scutieri, Jr.	9100 N. Kendall Drive	Miami, FL. 33176	N/A
			300002210443--1 -06/12/97--01091--004 ****918.75 ****918.75
REINSTATEMENT			97 <i>rwm</i>

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated in 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 *Philip Scutieri, Jr.* DATE **June 6, 1997**

Typed or Printed Name of General Partner Signing Form **PHILIP SCUTIERI, JR.** Telephone Number **305-274-2600**