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APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP FLOW PARTNERS FILE FLOW PARTNERS F						99 JUL 12 1111:52			
DOCUMENT # A06812						99 301 12 1		٠ ١	
1. Name of Limited Partnership HCMJ REALTY, LTD.						977 7/12 DO NOT WRITE IN THIS SPACE			
2. Mailing Address 1305 Paterso Suite, Apt #, etc	n Plank Road		3. Principal Office Address 1305 Paterson Plank Road Sute Apt #, etc			4. Date Formed or Registered to Do Business in Florida 09/19/1978 5. FEI Number Applied For			
City & State North Bergen, New Jersey		City & State North Berge	City & State North Bergen, New Jersey			22-2217252 Not Applicable 6. S8 75 Additional Fee required.			
Zip 07047	Country USA	^{7φ} 07047	, , , , , , , , , , , , , , , , , , , ,			7. State or Country of Formation New Jersey			
spo, 00 8b. Amount of Capita FLORIDA to date \$90.00	Contributions in	\$437.50 2.) Suppler 3.) Penalty Note. If the amount e	\$437.50, for each year <u>due</u> this office. 2.) Supplementat Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent</u> .						}
9. Name and Address of Current Registered Agent					10. If changed new registered agent/office				
500 S. Austr	en, Rosenbach, S alian Avenue, 10 ach, Florida 334	Oth Floor	h Floor		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.				
for the purpose of agent. I am fami	provisions of sections 620,1051 and of changing its registered office or liar with, and accept the obligation Agent Accepting Appointment)	registered agent, or both, in the	State of Flor	d limited partner da Such chang	rship orgai ge was auti	nized or registered under the laws of the horized by its general partner(s). I heret	State of Flori	da, submits th appointment c	is statement , of registered
	PARTNER THAT	IS A CORPORAT T BE REGISTER	FION, L	IMITED	PART E WIT	NERSHIP OR OTHER	R BUSII	NESS E	NTITY
11. Names of Ge	neral Partner(s)	Address of Eac	Address of Each General Partner (Do NOT Use Post Office Box Numbers)			City, State and Zip Code	11a.	Registra Document f	
Harriet Cohe	en .	349 Booth A	venue		Engle	ewood, NJ 07031			
	***************************************					nt must be filed to char			
Corporations from a this annual report is	any liability of non-compliance with	i Section 119 07(3)(k) in the ever gnature shall have the same lega	nt that the infe	ormation supplie	od is deem	stated in Section 119.07(3)(k). Florida St led exempt from public access. I further ir certify that I am a General Partner of th	certify that th	e ir formation ii	ndicated on

DATE May 21, 1999

Telephone Number

empowered to execute this report as required by chapter 620. Florida Statutes

Harriet Cohen

SIGNATURE ___

Typed or Printed Name of General Partner Signing Form