

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE  
Sandra M. Moore  
Secretary of State  
DIVISION OF CORPORATIONS

**A07325**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV 13 AM 11:27

DOCUMENT # **A07325**

1. Name of Limited Partnership

**Temple Court Associates, Ltd.**

DO NOT WRITE IN THIS SPACE

2. Mailing Address **Martin Fine, Esq.  
c/o Holland & Knight**

3. Principal Office Address **Martin Fine, Esq.  
c/o Holland & Knight**

4. Date Formed or Registered To Do Business in Florida **3/13/79**

Suite, Apt #, etc **701 Brickell Ave. #3000**

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5. FEI Number **59-1989719**

Applied For

Not Applicable

City & State **Miami, Florida**

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6. CERTIFICATE OF STATUS DESIRED

Zip **33131** Country **USA**

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7. State or Country of Formation **Florida**

8a. Capital Contributions as Shown on Record  
**\$9,000.00**

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 of \$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  
**\$9,000.00**

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

10. If changed, new registered agent's name

**Martin Fine, Esquire  
c/o Holland & Knight  
701 Brickell Avenue - Suite 3000  
Miami, Florida 33131**

Name

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

Suite, Apt #, etc

City

000002003010--7  
-11/19/96--01094--019  
912.25 912.25  
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)

*Martin Fine*

DATE **11/8/96**

**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
<b>Temple Court GP/MP, Inc.</b>	<b>c/o Holland &amp; Knight 701 Brickell Avenue Suite 3000</b>	<b>Miami, FL 33131</b>	<b>H60488</b>
<b>Temp Court GP, Inc.</b>	<b>c/o Holland &amp; Knight 701 Brickell Avenue Suite 3000</b>	<b>Miami, FL 33131</b>	<b>H60488</b>

PERMIT - 500.00  
AR - 126.00  
SUPP - 277.50  
CUS - 8.75  
912.25

**REINSTATEMENT 1996**

1997 AR.

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(BK)

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 on this annual report is true and accurate and that my signature shall have the same legal effect 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

*Martin Fine*

DATE

**11/8/96**

Typed or Printed Name of General Partner Signing Form

**MARTIN FINE**

Telephone Number

**(705) 789 7710**