APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

A08579

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 29 AM 11:27

DOCUMENT # A08579

1. Name of Limited Partnership: 1101 Brickell Plaza, Ltd. 4/16/99

DO NOT WRITE IN THIS SPACE

2. Mailing Address: 7961 SW 148 St
Suite, Apt. #, etc.:
City & State: Miami, Florida
Zip: 33158 Country: US

3. Principal Office Address: 7961 SW 148 St
Suite, Apt. #, etc.:
City & State: Miami, Florida
Zip: 33158 Country: US

4. Date Formed or Registered To Do Business in Florida: 2/12/1980

5. FEI Number: 59-2022680 Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED: ☒

7. State or Country of Formation: Florida

8a. Capital Contributions as Shown per Records: $ 20.00

8b. Amount of Capital Contributions in FLORIDA to date: $ 20.00

FEES: 1.) Filing Fee(s): Computed at a rate of $1 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $137.50, for each year due this office.
2.) Supplemental Fee(s): $56.75 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
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/office
Name: PAUL H. FREEMAN
Street Address (P.O. Box Number is Not Acceptable): 1840 W 49 Street
Suite, Apt. #: Suite 700
City: HIALEAH FL Zip Code: 33012

10a. Pursuant to the provisions of sections 620.1061 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 6/28/99

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

| 11. Name 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 |
|---|---|---|---|
| SISLER, GARY | 7961 S.W. 148 St. | Miami, FL 33158 | |

ADM — 500.00
AR — 52.50
ARSUPP — 88.75
CUS — 8.75
650.00

500002921615--2
-07/01/99--01103--003
****650.00 ****650.00

REINSTATEMENT 1999

BK CUS

**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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 Gary Sisler DATE June 28, 1999

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____