

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 28 AM 11: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A11591

1. Name of Limited Partnership
Coral Way Associates, Ltd.

DO NOT WRITE IN THIS SPACE

2. Mailing Address Suite, Apt. #, etc. P.O. Box 160401 City & State Big Sky, Montana Zip 59716 Country USA		3. Principal Office Address Suite, Apt. #, etc. P.O. Box 160401 City & State Big Sky, Montana Zip 59716 Country USA		4. Date Formed or Registered To Do Business in Florida December 3, 1981	
		5. FEI Number 59-2140789		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status			
		7. State or Country of Formation Florida			

8a. Capital Contributions as Shown on Record \$500.00	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): \$88.75 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.
8b. Amount of Capital Contributions in FLORIDA to date \$500.00	

9. Name and Address of Current Registered Agent Lewis Freeman 3250 Mary Street, #202 Miami, FL 33133		10. If changed, new registered agent/office Name Martin Engels Street Address (P.O. Box Number Is Not Acceptable) 100 S.E. Second Street Suite, Apt. #, etc. 2150 City Miami Zip Code FL 33131	
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10a. Pursuant to the provisions of sections 620 1051 and 620 182, 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 620 182, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) MARTIN ENGELS DATE 8/28/98

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
Maurice Alpert	c/o Willow Boutique P.O. Box 160401	Big Sky, Montana 59716	N/A
94 800 52 50 88 75 95 800 52 50 88 75 96 800 52 50 88 75 97 800 52 50 88 75 98 800 52 50 88 75			700002630587--3 -09/01/98--01075--008 ***3215.00 ***3215.00

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 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 Maurice Alpert DATE 7/27/98

CR2E039 (12/97)

Law Offices
MARTIN ENGELS, P.A.

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Fax: (305) 577-3558

Suite 2150
NATIONSBANK TOWER AT
INTERNATIONAL PLACE
100 SOUTHEAST 2ND STREET
MIAMI, FL 33131

August 3, 1998

Division of Corporations
Partnership Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Coral Way/KFC

Dear Sir/Madam:

Enclosed please find the Application for Reinstatement of Limited Partnership for Coral Way Associates, Ltd. and a check to your order in the amount \$3,215 to pay for all fees to effect reinstatement and return a Certificate of Status. Please advise whether I can provide you with anything further.

Thank you for your prompt cooperation.

Very truly yours,



Martin Engels

cc: Maurice Alpert