APPLICATION FOR REINSTATEMENT OF LIMITED PARTNERSHIP

DEPARTMENT OF STATE
Jim B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

A12271

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 MAY 19 PM 2:48

DOCUMENT # A12271

DO NOT WRITE IN THIS SPACE.

1. Name of Limited Partnership
Tampa Plaza Associates, Ltd

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
1303 South Frontage Road	same	3/19/82
Suite, Apt. #, etc.: Suite 13	Suite, Apt. #, etc.	5. FEI Number: 13-3117880 ☐ Applied For ☐ Not Applicable
City & State: Hastings, MN	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ (See Additional Instructions for a Certificate of Status)
Zip: 55033 Country: USA	Zip / Country	7. State or Country of Formation

8a. Capital Contributions as Shown on Record: 3,514,400

8b. Amount of Capital Contributions in **FLORIDA** to date: 3,514,400

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): $103.75 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
Corporation Services Company 1201 Hays Street Tallahassee, Florida 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City / Zip Code: FL

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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
Tampa Plaza, Inc.	1303 South Frontage Road Suite 13	Hastings, MN 55033	F93000000448

REINSTATEMENT 97
OR 5-19

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.

Tampa Plaza, Inc.

SIGNATURE By: _____ its Vice President DATE 5/13/97

Typed or Printed Name of General Partner Signing Form: Jean Langlais, Vice President of Tampa Plaza, Inc., the general partner Telephone Number (414) 438-3789

CR2E039 (1/97)