APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

A15310

650.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 25 PM 1:19

DOCUMENT # A15310

1. Name of Limited Partnership
Maitland Associates, Ltd.

4/16/99

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
292 Madison Avenue	120 West 45th Street	9/16/83
Suite, Apt. #, etc 3rd Floor	Suite, Apt. #, etc.	5. FEI Number 59-2413389 ☐ Applied For ☐ Not Applicable
City & State New York, NY	City & State New York, NY	6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status
Zip: 10017 Country: USA	Zip: 10036 Country: USA	7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: $990

8b. Amount of Capital Contributions in FLORIDA to date: $990

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

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

10. If changed, new registered agent/office

Name

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

Suite, Apt. #, etc

City: FL Zip Code

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.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

SIGNATURE (Registered Agent Accepting Appointment) Connie Bry DATE 5/21/99

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
Metropolitan Florida GP LLC	225 Broadhollow Road	Melville, NY 11747	Applied For M99000000766

~~REVISED~~

ADM - 500.00
AR 52.5
ARSUPP 88.75
CERT 8.75
$650.00

REINSTATEMENT 1999

100001248850931---5
-05/25/99--01075--019
****52.50 ****650.00

CR2E039 (1/97)

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 X [signature] DATE 5/20/99

Typed or Printed Name of General Partner Signing Form: Scott Rechler, as President Telephone Number: ( )