

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98 AUG 10 PM 1:38

DOCUMENT # **A17026**
 1. Name of Limited Partnership
American Plaza '84 Associates Limited Partnership

DO NOT WRITE IN THIS SPACE.

2. Mailing Address 15 Maple Ave Suite, Apt. #, etc.	3. Principal Office Address 15 Maple Ave Suite, Apt. #, etc.
City & State Morristown NJ	City & State Morristown NJ
Zip 07960 Country USA	Zip 07960 Country USA

4. Date Formed or Registered To Do Business in Florida 5/14/84	
5. FEI Number 22-2527991	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$0.75 Additional Fee required for a Certificate of Status
7. State or Country of Formation	

8a. Capital Contributions as Shown on Record
1,475,000.00

8b. Amount of Capital Contributions in FLORIDA to date

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.

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's Not Accepted)
~~500002612495-3~~
~~08/11/98-01028-003~~
 Suite, Apt. #, etc. *****1026.25 ***1026.25**
 City **FL** Zip Code **33324**

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
Scully, William	15 Maple Ave	Morristown NJ 07960	
Meadows Management Corp.	15 Maple Ave	Morristown NJ 07960	843060

REINSTATEMENT 1998

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 _____ DATE **8/4/98**

Typed or Printed Name of General Partner Signing Form **William Scully** Telephone Number **973-292-9595**

CR2E039 (12/97)