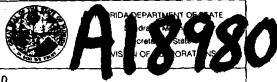
APPLICATION FOR REINSTATEMENT



FOR LIMITED PARTNERSHIP	VIS I OF	ORAT NS	DIVISION OF CORPO	RATIONS
DOCUMENT # A18980 99 HAY 28 PM 5: 40				
1. Name of Limited Partnership				Ì
CENTURY PROPERTIES FUND X	X, LTD.	1	}	}
4/10/91		DO NOT WRITE IN THIS SPACE		
2. Mailing Address P.O. Box 1089	3. Principal Office Address One Insignia Financial Plaza .		4. Date Formed or Registered To Do Business in Florida 1/25/1985	
Suite, Apt. #, etc.	Suite, Apt. #, etc		5. FEI Number	Applied For
City & State	Cny & State uth CarolinaGreenville, South Carolina		94-2930770	Not Applicable
Greenville, South Carolina Zip County	Zip Country		6. CERTIFICATE OF STATUS DESIRED X 58 75 Additional Fee required for a Certificate of Status	
29602 US	29602 US		7. State or Country of Formation Califor	rnia
8a. Capital Contributions as Shown on Record	FEES:1.) Filing Fee(s): Computed at a tate 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.			
\$12,787,000.00				
8b. Amount of Capital Contributions in FLORIDA to date.	Penalty Fee(s): \$500 penalty fee for <u>each year report form is definouent</u> Note: If the amount entered in 8b is greater than amount entered in 8s, a supplemental affidavit must be submitted along with a separate and			
\$12,787,000.00	appropriate filing fee.			
9, Name and Address of Current R	9, Name and Address of Current Registered Agent Name		10. If changed, new registered agent/office	
		ration Service Company		
1201 H			on Number is Not Acceptable) lays Street	
				(3.6.4)
C ^{ny} Tallaha			assee, FL Zp 32301	
	istered agent, or both, in the State of Flori		anized or registered under the laws of the State of Flor uthorized by its general partner(s). I hereby accept the	
agent. I am familiar with, and accept the obligations of section 620,192, Florida Statutes.				
SIGNATURE (Registered Agent Accepting Appointment) Maurier Culle DATE 5/27/99				
A GENERAL PARTNER THAT IS A CÓRPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11, Names of General Partner(s)	Address of Each General Pa (Do NOT Use Post Office Box N		City. State and Zip Code 11a.	Registration Document Number
Fox Partners III	One Insignia Gr Financial Plaza, US Corporate Accounting		nviile, SC 29601	1900000510
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REINSTATEMENT 1999 SOOGOZESOZES				
	(hyr	(Cu	25/	
13/4 4/28	199			
Note: General partners MAY NOT be changed on this form; an amendment must be flied to change a general partner.				
12. I do hereby certify that the information supplied with this filling 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 fiability 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 it is annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the trivited partnership, receiver or trustee empowered to execute this report as required by chispter 620. Florida Statutes.				
SIGNATURE See Schedule "1" attached hereto for signature of General DATE May 2), 1999				
Typed or Printed Name of General Partner Signing Form Fox Partners III Telephone Number (864) 239-1000				