

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrland
Secretary of State
Division of Corporations

A22093

FILED

97 DEC -4 PM 3:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT #

1. Name of Limited Partnership

Consolidated Capital Institutional Properties/3, Ltd.

4/12/96

2. Mailing Address

P. O. Box 1089

Suite, Apt. #, etc.

City & State

Greenville, S. C.

Zip

29602

Country

3. Principal Office Address

One Insignia Financial Plaza

Suite, Apt. #, etc.

City & State

Greenville, S. C.

Zip

29601

Country

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number

94-2744492

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. State or Country of Formation

8a. Capital Contributions as Shown
on Record

\$1,000,000.00

8b. Amount of Capital Contributions in
FLORIDA to date

1,000,000.00

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): \$138.75 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, now registered agent/office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

OT Corporation System

1000 S. PINE ISLAND RD.

PLANTATION, FLORIDA 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)

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

5/30/97

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

✓ ConCap Equities, Inc.

One Insignia Financial
Plaza

Greenville, S. C.
29601

P35898

PENALTY - 1,000.00
AR - 1312.50
AR SUPP - 1311.25
\$ 2,623.75

400002363954 - 5
-12/11/97-01038-004
***2623.75 ***2623.75

REINSTATEMENT 1996-1997

1998
A.R.

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

ConCap Equities, Inc., General Partner

DATE 4/16/97

Typed or Printed Name of General Partner Signing Form: Kelley M. Buechler, Asst Sec. of GP

Telephone Number 864-239-1000

CR2E039 (4/95)