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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 JUN 30 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E039 (1/07)

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A22612

1. Name of Limited Partnership
SAINT PETERSBURG PLAZA LIMITED PARTNERSHIP

2. Principal Office Address - No P.O. Box # 50 West 72nd Street		3. Mailing Office Address 50 West 72nd Street	
Suite, Apt. #, etc. C-7		Suite, Apt. #, etc. C-7	
City & State New York, New York		City & State New York, New York	
Zip 10023	Country USA	Zip 10023	Country USA

4. Date Formed or Registered To Do Business in Florida **May 23, 1986**

5. FEI Number **13-3359277**

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **Bonnie Tembeck**

Street Address (P.O. Box Number is Not Acceptable)
8813 NE 15th Street

Suite, Apt. #, Etc.

City **Pompano Beach** State **FL** Zip Code **33062**

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.
Supplemental Fee(s): \$88.75 for each year due this office.
Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

A \$500 penalty is due for each year or part thereof of the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620 1810 or 620 1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment) Bonnie Tembeck DATE 6/16/09
(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
St. Pete Plaza Corp,	50 West 72nd Street, C-7	New York, New York 10023	P05000015014

REINSTATEMENT 2006-09

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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 120, Florida Statutes

SIGNATURE Robert F. Tannenhaus DATE 6/16/09
Typed or Printed Name of General Partner Signing Form Telephone Number 212 799 6165

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THE LAW OFFICE OF JONI L. WALASKI
50 WEST 72ND STREET, SUITE 4
NEW YORK, NEW YORK 10023

Telephone 212.421.6565

Facsimile 212.421.8198

June 16, 2009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

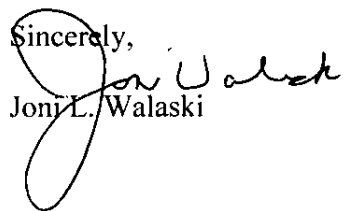
Division of Corporations
Attn: Partnership Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: St Petersburg Associates Limited
Partnership

To Whom It May Concern:

I enclose the Limited Partnership Reinstatement for the above Borrower, together with my check in the amount of \$2,000.00.

Please reinstate the limited partnership as soon as possible.

Sincerely,

Joni L. Walaski

JLW:law
Enclosure
cc: Joseph R. Daly