APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

DO NOT WRITE IN THIS SPACE

DOCUMENT # A24461

1. Name of Limited Partnership

PAPPAS PROPERTIES JOINT VENTURE I, LTD.

2. Mailing Address: PO BOX 630285
Suite, Apt # etc.
City & State: OJUS, FL
Zip: 33163 Country: USA

3. Principal Office Address: 19023 BISCAYNE BLVD
City & State: AVENTURA, FL
Zip: 33180 Country: USA

4. Date Formed or Registered To Do Business in Florida

5. FEI Number: 59-2768259

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

7.

8a. Capital Contributions as Shown on Record: 150,000

8b. Amount of Capital Contributions in **FLORIDA** to date: 59526.31

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**

DUVAL, HARVIE S
1680 NE 135TH STREET
NORTH MIAMI, FL 33181

10. If changing the Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt # etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1 and 620.192, Florida Statutes, ... for the purpose of changing its registered office or registered agent, or both, in the State of Florida ... 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. Document Number
PAPPAS PROPERTIES, INC	19001 BISCAYNE BOULEVARD	AVENTURA	L20666

700002870937--9
-05/11/99--01040--001
****442.43 ****442.43

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 ... Corporations from any liability of non-compliance ... this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath ... empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] SECY OF PAPPAS PROPERTIES INC DATE 4/23/99

Typed or Printed Name of General Partner Signing Form Telephone Number 305-931-5755

CR2E039 (12/98)

(2)

April 23, 1999

Registration Section
Divisions of Corporations
PO Box 6327
Tallahassee, Fl 32314

We have just recieved a Certificate of revocation for PAPPAS PROPERTIES JOINT VENTURE I, LTD. I immediately called the number (850) 487-6051(registration section) and told the person that answered the phone that we have never recieved any 60 days notice of intent to revoke. I then was told to send in the regular fees with this note so that the $500 penalty would be waived. This is the first time this has ever happenned to us. We have enclosed the appropriate amount as advised. Thank you for your attention in this matter.

Signed,

Steve Pappas
Pappas Properties