

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**LIMITED
PARTNERSHIP
REINSTATEMENT**

2000-2001



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

FILED

01 MAR 13 PM 3:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A25399

1. Name of Limited Partnership

POLYNESIAN APARTMENTS ASSOCIATES, LTD.

2. Principal Office Address c/o The
Related Companies, L.P.
625 Madison Avenue

Suite, Apt. #, etc.
Attn: Legal Dept.

City & State
New York, NY

Zip Country
10022 New York

3. Mailing Office Address c/o The
Related Companies, L.P.
625 Madison Avenue

Suite, Apt. #, etc.
Attn: Legal Dept.

City & State
New York, NY

Zip Country
10022 New York

4. Date Formed or Registered
To Do Business in Florida 8/01/88

5. FEI Number 650009605
Applied For
Not Applicable

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

7a. Capital Contributions as shown on Record:

1,104,463

7b. Amount of Capital Contributions in FLORIDA to date:

61,514

FEES:

- 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City State Zip Code
Tallahassee FL 32301

9. 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)

as its agent
BRIAN COURTNEY, ASST. V.P.

DATE

2/28/01

**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
The Related Companies of Florida, Inc.	2828 Coral Way Penthouse Suite	Miami, FL 33145	617998 ✓
REINSTATEMENT		200003831862-0	

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 exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

Typed or Printed Name of General Partner Signing Form

Angel Hernandez, Vice President
of General Partner

DATE

Telephone Number (305) 460-9900

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FILED

01 MAR 13 PM 3:13

ACCOUNT NO. : 072100000032
REFERENCE : 060707 4321791
AUTHORIZATION : *Patricia Piquito*
COST LIMIT : \$ ~~000~~ 2052.50

SECRETARY OF STATE
TALLAHASSEE-FLORIDA

ORDER DATE : February 28, 2001
ORDER TIME : 4:03 PM
ORDER NO. : 060707-020
CUSTOMER NO: 4321791

CUSTOMER: Ms. Lesley V. Benjamin
The Related Companies, Inc.
625 Madison Avenue, 9th Floor
New York, NY 10022

DOMESTIC FILINGS

NAME: POLYNESIAN APARTMENTS
ASSOCIATES, LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris
EXAMINER'S INITIALS _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAR 13 PM 2:30
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TO ACKNOWLEDGE
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