, APPLIČATION FOR REINSTATEMENT **FOR** LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

FILED JUL 22 AM 11: 00

**DOCUMENT #** 

Name of Limited Partnership

Corporations from any liably this annual report is true empowered to execute

Typed or Printed Name of General Partner Signing Form \_\_Martin\_W. Field

SIGNATURE

Field/Airport Developers, Ltd.

SECRETARY OF STATE ALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Telephone Number 610-265-5333

2. Malling Address 251 W. DeKalb Pike	3. Principal Office Address 251 W. DeKalb Pike			4. Date Formed or Registered To Do Business in Florida	4. Date Formed or Registered To Do Business in Florida 02/26/1988	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number	Applied For	
City & State King of Prussia, PA	City & State King of Prussia,		PA	23-2589066 <b>6.</b>	Not Applicab	
Zip Country	Zip Country			CERTIFICATE OF STATUS DESIRED X		
19406 USA	19406	US	A	7. State or Country of Formation	Florida	
8a. Capital Contributions as Shown on Record: \$200.00  8b. Amount of Capital Contributions in FLORIDA to date: \$200.00	FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minim \$437.50, for each year due this office.  2.) Supplemental Fee(s): \$103.75 for <u>each year due</u> this office, beginning with 1992 calenda 3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form</u> is <u>delinquent</u> .  Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidevit must appropriate filing fee.				ar year.	
9. Name and Address of Current Registered Agent			10. If changed, new registered agent/office			
Kendall Coffey Coffey, Aragon, Martin, Burlington & Serota 26995 Bayshore Drive Miami, FL 33133		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.				
			City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 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)  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 ( (Do NOT Use Post Of			City, State and Zip Code	11a. Registration Document Number	
Martin W. Field	251 W. DeKal	lb Pil	ke	King of Prussia, PA		
				-07/23	2459179 78701135001 56.25 ****656.25	
		R		TATEMENT_	00	
Note: General partners MAY NOT		7.5	5		QC	

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

bility of non-compliance with Section 119.07(3)(k). Florida Statutes. I release the Division of bility 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 a decurate 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 is report as required by chapter 620, Florida Statutes.