

APPLICATION FOR
REINSTATEMENT
FOR



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1998 8:00 am
Secretary of State

LIMITED PARTNERSHIP
Annual Rpt. 1998
DOCUMENT # *A27819*
1. Name of Limited Partnership

KR COMMERCIAL ASSOCIATES LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE.

2. Mailing Address c/o Cohen, Gershan & Wakim, Suite, Apt. #, etc. P.C. 2410 Albany Avenue City & State West Hartford, CT Zip 06117 Country U.S.A.		3. Principal Office Address c/o Konover Management Corp. Suite, Apt. #, etc. 2410 Albany Avenue City & State West Hartford, CT Zip 06117 Country U.S.A.		4. Date Formed or Registered To Do Business in Florida 1/26/1989	
		5. FEI Number 06-1255307		Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		<input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status <input type="checkbox"/>	
		7. State or Country of Formation		CT	

8a. Capital Contributions as Shown on Record \$9.90	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): \$66.75 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.
8b. Amount of Capital Contributions in FLORIDA to date \$9.90	

9. Name and Address of Current Registered Agent Israel, Stanley E. 17071 West Dixie Highway North Miami Beach, FL 33160	10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.105-1 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) Konover Management Corporation 2410 Albany Ave.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) West Hartford, CT 06117	City, State and Zip Code P22715	11a. Registration Document Number 100002513881--8 -05/06/98--01100--008 ****141.25 ****141.25 <i>[Signature]</i>
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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.

KR Commercial Associates Limited Partnership
By: *[Signature]* Konover Management Corporation, its general partner
SIGNED _____ DATE **4/24/98**
By: **Richard C. Liljedahl**, its Senior Vice President
Typed or Printed Name of General Partner Signing Form Telephone Number **860-233-5519**

CR2E039 (12/97)

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COHEN, GERSHMAN & WAKIM, P.C.
ATTORNEYS AT LAW

DONALD S. GERSHMAN
JAMES E. WAKIM
ANTHONY CROSBY
LAWRENCE E. MERLIN
ROBERT A. RANDICH
MARILYN K. GRODY

RICHARD D. COHEN
OF COUNSEL

2410 ALBANY AVENUE
WEST HARTFORD, CONNECTICUT 06117

TELEPHONE (860) 233-5519
FACSIMILE (860) 523-9180

April 27, 1998

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

Re: KR Commercial Associates Limited Partnership

Dear Sirs:

Enclosed is an Application for Reinstatement for Limited Partnership for KR Commercial Associates Limited Partnership and a check in the amount of \$141.25 to cover the cost of the following:

Filing Fee	\$ 52.50
Supplemental Fee	<u>\$ 88.75</u>
	\$141.25

Please be advised that we had never received the Annual Report for filing. This was the second time that this has happened to us and we were charged the late fees. For future reference, the annual report for KR Commercial Associates Limited Partnership should be mailed to: Cohen, Gershman & Wakim, P.C., 2410 Albany Avenue, West Hartford, CT 06117.

Thank you for your assistance in this matter.

Very truly yours,

COHEN, GERSHMAN & WAKIM, P.C.



Marilyn S. Derouin
Administrative Assistant

msd
Enclosures