

FEB-28-2000 18:16

CT CORPORATION SYSTEM

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
PARTNERSHIP
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

A27823
Division of CorporationsFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A27823

Name of Limited Partnership

Reflections - Del American, Ltd.

4/16/99

Principal Office Address 1101 N. Lake Destiny Dr. Apt. #, etc. #400		3. Mailing Office Address 1926 Arch Street Suite, Apt. #, etc.	
City & State Maitland FL		City & State Philadelphia PA	
Zip 32751	Country USA	Zip 19103	Country USA

8. Name and Address of Current Registered Agent

Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

4. Date Formed or Registered To Do Business in Florida 1/26/1989	
5. FEI Number 59-2963589	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7a. Capital Contributions as shown on Record. \$0.00	
7b. Amount of Capital Contributions in FLORIDA to date. \$0.00	

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.

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)

DATE

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
CMS Reflections, L.P. B/K 3/10/00	One Bala Plaza #412	Bala Cynwyd, PA 19004 400003173074- -E -03/16/00--01079--020 ***1282.50 ***1282.50	B95000000104
REINSTATEMENT 1999-2000		B/K	

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

11. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt on stated in Sect on 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
By: CMS Reflections, L.P., General Partner

DATE 2/29/00

Typed or Printed Name of General Partner Signing Form: Marian Cohen, Asst. VP of MSPs Reflections, Inc. Phone Number 215-246-3000