

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 JUN 26 PM 4:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE.	
DOCUMENT # 1. Name of Limited Partnership A27837 COASTAL INVESTMENT PROPERTIES, LTD						
2. Mailing Address 435 N. ATLANTIC BLVD. Suite, Apt. #, etc.		3. Principal Office Address same Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida January, 1989		
City & State Ft. Lauderdale, FL		City & State same		5. FEI Number 65-0096764 Applied For Not Applicable		
Zip 33304		Country Broward		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
8a. Capital Contributions as Shown on Record: 10,000,000.00		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.				
8b. Amount of Capital Contributions in FLORIDA to date:						
9. Name and Address of Current Registered Agent WILLIAM S. ISENBERG, ESQ. 315 S.E. 7th Street Suite 301 Ft. Lauderdale, FL 33301			10. If changed, new registered agent/office Name Street Address (P.O. Box Numbers Not Acceptable) Suite, Apt. #, etc. City Zip Code			
			600002573696--2 -06/26/98--01075--010 *****8.75 *****8.75 FL			
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 6/19/98						
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		
Purvin Pujara AP, Inc. Amendment filed 6-26-98		435 North Atlantic Boulevard		Fort Lauderdale, Florida 33162		
				600002573696--2 -06/26/98--01075--009 ***2105.00 ***2052.50		
				REINSTATEMENT 97-98 OR		
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.						
SIGNATURE _____ DATE 6/19/98						
Typed or Printed Name of General Partner Signing Form PURVIN PUJARA Telephone Number (954) 462-0444						

CR2F039 (12/97)