

APPLICATION FOR
REINSTATEMENT
FOR



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

FILED

97 SEP -9 PM 2:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

~~APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP~~
~~ANNUAL REPORT 1997-1998~~
DOCUMENT # **A28718**

1. Name of Limited Partnership
Commerce Partnership #8908 Limited Partnership

2. Mailing Address
1280 W. Newport Ct. Dr.

3. Principal Office Address
Same as #2

4. Date Formed or Registered To Do Business in Florida
8-3-89

5. FEI Number
65-0154132

City & State
Deerfield Beach

City & State
Zip
Country

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

Zip
FL 33442

7. State or Country of Formation
Delaware

8a. Capital Contributions as Shown on Record:
99.00

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): \$103.75 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
**Sheila L. O'Boyle
23 N. Hidden Harbour Dr.
Gulf Stream, FL 33483**

10. If changed, now registered agent/office
Name
FF \$312.50
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 General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Forrest-English, Inc.	1280 W. Newport Center Dr.	Deerfield Beach, FL 33442	FA3000000646

400002300154--4
-09/22/97--01162--009
****955.00 ****156.25

400002300154--4
-09/22/97--01162--014
****156.25 ****156.25

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 **Forrest-English, Inc.** DATE _____
v.p. William R. W.P.
Typed or Printed Name of General Partner Signing Form **William R. W.P.** Telephone Number **954-360-7713**

CR2E039 (1/97)



COMMERCE GROUP

COMMERCE REALTY GROUP / COMMERCE DEVELOPMENT GROUP / COMMERCE BUILDING GROUP / COMMERCE MANAGEMENT GROUP

June 6, 1997

DIRECT LINE #954-570-3533
E-MAIL ADDRESS: david@Commerce-Group.com

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Partnership Section

Re: Application for Reinstatement and request for
abatement of penalty for Limited Partnerships:

Commerce Limited Partnership #9408
Commerce Partnership #8908 Limited Partnership
Commerce Limited Partnership #9201
Commerce Limited Partnership #8911
Commerce Limited Partnership #9352
Commerce Limited Partnership #9333

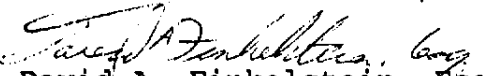
Dear Sir/Madam:

Enclosed you will find completed reinstatement applications for the above limited partnerships along with checks representing the filing fees and supplemental fees. At this time I respectfully request that the \$500.00 penalties be abated due to clear clerical error. An on going in house investigation leads me to believe that 60 day notice of intent to revoke was not sent to this office.

Thank you for cooperation in this matter.

Sincerely,

COMMERCE REALTY GROUP, INC.


David A. Finkelstein, Esq.
Assistant General Counsel

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