

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**A30413**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 16 AM 10:00

DOCUMENT # A30413

1. Name of Limited Partnership

RIVIERA PLAZA, LTD.

4/10/98

h/k 5/16

2. Principal Office Address  
10001 N. Tamiami Tr.

3. Mailing Office Address  
Same

4. Date Formed or Registered  
To Do Business in Florida 7/23/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
65-0251505

Applied For  
Not Applicable

City & State  
Naples, FL

City & State

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

Zip Country

Zip Country

7a. Capital Contributions as shown on Record:  
\$600,000

7b. Amount of Capital Contributions in FLORIDA to date:  
\$600,000

**8. Name and Address of Current Registered Agent**

Name  
Naples-Lawdock, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
4501 Tamiami Trail N.

Suite, Apt. #, Etc.  
Suite 300

City  
Naples

State Zip Code  
FL 34103

**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.

Naples-Lawdock, Inc.

SIGNATURE (Registered Agent Accepting Appointment) By: [Signature] /Leo J. Salvatori, Pres. 5/11/00

**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
Winfield & Associates	10001 N. Tamiami Tr..	Naples, FL 34108	G00138900002
ADM- 2,552.50			300003255163--9
AR 437.50			-05/17/00--01005--002
AR SUP 88.75			***2061.25 ***2061.25
CERT 8.75			300003255163--9
			-05/17/00--01005--003
			***1126.25 ***1026.25
<b>REINSTATEMENT 1998-2000</b>			
<b>\$3,087.50</b>			

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

11. 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)(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 [Signature]

DATE 5/11/00

Typed or Printed Name of General Partner Signing Form John Winfield

Telephone Number

CR2E039 (11/99)