

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Sarasota Form
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 27 PM 12:51

DOCUMENT #

A30541

1. Name of Limited Partnership

ARE Sarasota Limited Partnership

DO NOT WRITE IN THIS SPACE.

2. Mailing Address

P.O. Box 6481

3. Principal Office Address

c/o Horrigan Adv.

4. Date Formed or Registered
To Do Business in Florida

1990

Subs. Apt. #, etc.

Subs. Apt. #, etc.

Suite 501

5. FGI Number

23-2600301

Applied For

Not Applicable

City & State

Wyomissing, PA

City & State

Oak Brook, IL

Zip

19610

Country

US

Zip

60523

Country

US

6. CERTIFICATE OF STATUS DESIRED ☒

NOTE: Additional fee required
for a Certificate of Status

7. State or Country of Formation

Pennsylvania

8a. Capital Contributions as Shown
on Record:

\$1,075,978.00

8b. Amount of Capital Contributions in
FLORIDA to date:

\$840,000

FEES:

1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8a, 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 period from its delinquency.
Note: If the amount entered in 8a is greater than amount entered in 8b, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

10. If changed, new registered agent/office

Name

JOHN METZGER

Street Address (P.O. Box Number is Not Acceptable)

250 AUSTRALIAN AVENUE SOUTH

Subs. Apt. #, etc.

SUITE 700

City

WEST PALM BEACH

FL 33408

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.

SEE ATTACHED PAGE FOR R.A. SIGNATURE

SIGNATURE (Registered Agent Accepting Appointment)

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

American Real Estate
Investment and
Development Co.

c/o Horrigan Advisors
1900 Spring Rd
Suite 501

Oak Brook, IL
60523

P38383

REINSTATEMENT

1997-1998

PENALTY 1,000.00
AR + 875.00
SUP + 177.50
CUS - 8.75

\$2,061.25

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(2)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(2)(b) 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 effect 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

John F. Horrigan

DATE

4/21/98

Typed or Printed Name of General Partner Signing Form

John F. Horrigan

Telephone Number

630-571-9199

CR2500b (1/97)

2

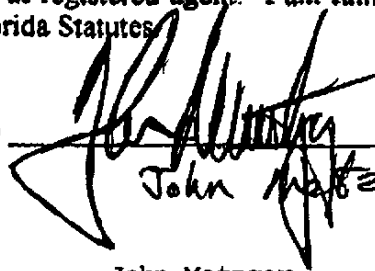
ARE Sarasota Limited Partnership

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 Assignment)

Date:

4/24/98


John Metzger

John Metzger
250 Australian Avenue South
Suite 700
West Palm Beach, FL 33401

FILED
SECRETARY OF STATE
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