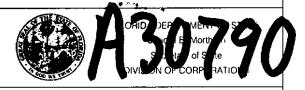
APPLICATION FOR REINSTATEMENT **FOR** 

LIMITED PARTNERSHIP



3. Principal Office Address 2631 Barbara Drive

Suite, Apt #, etc.

SECRETARY OF STATE DIVISION OF CORPORATIONS 97 OCT 22 PM 12: 44

4. Date Formed or Registered To Do Business in Florida November 7,

65-0228946

5. FEI Number

## DOCUMENT # A30790

1. Name of Limited Partnership

Suite, Apt. #, etc.

SIGNATURE

4

2. Mailing Address 2631 Barbara Drive

THE UNICORN, LTD.

DO NOT WRITE IN THIS SPACE.

1990

Applied For

City & State		City & State	L				Mot Applicable		
Fort Lauderdale, FL		Fort Lauderda	6				.75 Additional Fee required		
Zip	Country	Zip	Country	İ	CERTIFICATE	OF STATUS DESIRE	ا الله	for a Certificate of Status	
. 33316	United States	33316	United Sta	tes 7	State or Cour	ntry of Formation	Flori	đa	
8a. Capital Contributions as Shown on Record:		FEES:1.} Filling Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filling fee of \$52.50 and a maximum of \$437.50, for <u>each year due</u> this office.  2.) Supplemental Fee(s): \$103.75 for <u>each year due</u> this office, beginning with 1992 calendar year.							
\$611,520.00									
8b. Ámount of Capital Contributions in FLORIDA to date:		Penalty Fee(s): \$500 penalty fee for <u>each year report form is delinquent.</u> Note: If the amount entered in 6b is greater than amount entered in 6a, a supplemental affidavit must be submitted along with a separate and							
\$611,520.00		appropriate filing fee.							
9.	Name and Address of Current Re								
The Prentice	Hall Corporatio	System, Inc.							
1201 Hays Street, Suite 105		Street Address (P.O.		dress (P.O. Box No	Box Number is Not Acceptable)				
Tallahassee,	Florida 32301		Suite, Apt. #, etc.						
l		City						Zip Code	
			0.0,				FL	2.0000	
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									
· · · · · · · · · · · · · · · · · · ·	D AND ACTI	<u>VE WITH</u>	THIS OF	FICE.	,				
11. Names of General	rnes of General Partner(s) Address of Each General P (Do NOT Use Post Office Box t			C	City, State and Zip Code		11a.	Registration Document Number	
Atlantic Visions Corp.		2631 Barbara Drive		Ft. Lauderdale, FL 33316			P93000065064		
PRWACTY - SUPP- # 1,5	500.W 875.00 207. SU	REINSTA	TEMEN	T 19	100 97	00023	37.58 18 2	1312 1082001 ***1582.50	
Note: General p	partners MAY NOT t	e changed on thi	s form; an am	endment i	must be fl	led to chan	ge a g	eneral partner.	
12. I do hereby certify that the information supplied with this filling 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

Typed or Printed Name of General Partner Signing Form Atlantic Visions Corp. by Terry W. Dalton Number

this annual report is tree 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 629. Florida Statules.