

APPLICATION FOR REINSTATEMENT OR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra J. Morthen
Secretary of
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JUL -6 AM 10:14

DOCUMENT # **A30993**
1. Name of Limited Partnership
ESQUIRE APARTMENTS, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
9525 E. BROADVIEW DR.
Suite, Apt. #, etc.

3. Principal Office Address
SAME
City & State
BAY HARBOR ISLANDS, FL
Zip
33154 Country
USA

4. Date Formed or Registered To Do Business in Florida **12/26/90**

5. FEI Number
65-0247649 Applied For
Not Applicable

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

7. State or Country of Formation **FL**

8a. Capital Contributions as Shown on Record
370,478.60

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

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.

9. Name and Address of Current Registered Agent
DICKSTEIN, ZENA MANES
200 S. BISCAYNE BLVD.
SUITE 4000
MIAMI, FLORIDA 33131

10. If changed, new registered agent/office

Name
Street Address (P.O. Box Number is Not Acceptable)
700002582667 - - 1
Suite, Apt. #, etc.
07/03/98 - 01035 - - 004
*****1026.25 ***1026.25**
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
ESQUIRE HOUSE, INC.	9525 E. BROADVIEW DR.	BAY HARBOR ISLANDS FL 33154	S 20814

REINSTATEMENT 98

JL 6-4

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 *[Signature]* DATE **5/18/98**

Typed or Printed Name of General Partner Signing Form **ESQUIRE HOUSE, INC. HYMAN MANES, PRESIDENT** Telephone Number **305-864-7700**

CR2E039 (12/97)

STEEL HECTOR & DAVIS LLP
Requestor's Name

215 SOUTH MONROE ST./SUITE 601
Address

TALLAHASSEE 32301 222-2300
City/State/Zip Phone #

CONTACT: ELIZABETH

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ESQUIRE APARTMENTS, LTD.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

Walk in Pick up time 4:00 Certified Copy

Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials	
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