

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE and B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 MAY 28 PM 3:09	
DOCUMENT # A31314				DO NOT WRITE IN THIS SPACE.	
1. Name of Limited Partnership VINOY VILLAS ASSOCIATES, LTD.					
2. Mailing Address 555 5th AVE. NE		3. Principal Office Address SAME		4. Date Formed or Registered To Do Business in Florida 6/11/90	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3038376	
City & State ST. PETERSBURG, FL		City & State		Applied For Not Applicable	
Zip 33701		Country PINELLAS		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See Addition of Fee required for a Certificate of Status.</small>	
8a. Capital Contributions as Shown on Record \$2,400,000		8b. Amount of Capital Contributions in FLORIDA to date: \$2,400,000		7. State or Country of Formation PINELLAS COUNTY, FL	
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.					
9. Name and Address of Current Registered Agent Craig McLaughlin 555 5th Avenue, N.E. St. Petersburg, FL 33701				10. If changed, new registered agent/office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City	
				000002194480--6 05/29/97-01041-005 ***1141.25 ***1141.25 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)		11a. Registration Document Number	
VINOY VILLAS I, INC		555 5th AVE. NE ST. PETERSBURG FL 33701		K87368 (2)	
REINSTATEMENT 97 OKS-28					
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 Craig W. McLaughlin				DATE 5/12/97	
Typed or Printed Name of General Partner Signing Form CRAIG W. MCLAUGHLIN				Telephone Number (813) 894-6445	
VINOY VILLAS I, INC					

CR2E039 (1/97)