

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		A32284		FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # A32284		98 AUG 10 PM 4: 36 900002619219--6 -08/18/98--01062--007 ***1000.00 SP***1000.00			
1. Name of Limited Partnership MANDARIN SOUTH LIMITED PARTNERSHIP doing business in Florida as MANDARIN SOUTH SHOPPING CENTER, LIMITED PARTNERSHIP		2. Mailing Address 2364 BLOOR STREET WEST		3. Principal Office Address SAME AS #2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida December 3, 1991	
City & State TORONTO, ONTARIO		City & State		5. Filing Fee 2608144337-08/18/98--01062--010 ***1000.00	
Zip M6S 1P4	Country CANADA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐ 58.75 Additional Fee required for a Certificate of Status	
7. State or Country of Formation NEW JERSEY		8a. Capital Contributions as Shown on Record \$585,100.00			
8b. Amount of Capital Contributions in FLORIDA to date \$585,100.00		FEES: - Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$37.50 and a maximum of \$437.50, for each year due this office. - Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 and ending 1998. - 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 The Prentice-Hall Corporation System, Inc. 110 North Magnolia Street Tallahassee, Florida 32301		10. If changed, new registered agent/office Name UCC FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE Suite, Apt. #, etc. 900002619219--6 -08/18/98--01062--005 ***1000.00 PL ***1000.00 City TALLAHASSEE			
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 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 (Registered Agent Accepting Appointment) <i>Ed Hans</i>		DATE 9/1/98			
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) J.W.B. PLAN-VEST FINANCIAL SERVICES INC. ADM - 3,000.00 PR - 2,625.00 ARWP - 532.50 \$6,157.50	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 619 AVENUE ROAD SUITE 602	City, State and Zip Code TORONTO, ONTARIO, CANADA, M4V 2K6	11a. Registration Document Number P41076 900002619219--6 -08/18/98--01062--004 ***157.00 ***157.50 900002619219--6 -08/18/98--01062--005 ***1000.00 ***1000.00		
REINSTATEMENT 1993-1998					
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 <i>John Boville</i>		DATE JULY 30, 1998			
Typed or Printed Name of General Partner Signing Form OF J.W.B. PLAN-VEST FINANCIAL SERVICES INC.					

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