APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

A33265

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 15 AM 11:15

DOCUMENT # A33265

1. Name of Limited Partnership
CHELSEA PARC EAST, LTD.

11/7/96

BK 1/15/97 DO NOT WRITE IN THIS SPACE

2. Mailing Address
550 MAMARONECK AVE.
Suite Apt. #, etc.
SUITE 203
City & State
HARRISON, NY 10528
Zip | Country

3. Principal Office Address
SAME
Suite Apt. #, etc.
City & State
Zip | Country

4. Date Formed or Registered To Do Business in Florida
08/04/92

5. FEI Number
59-3171636
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. State or Country of Formation

8a. Capital Contributions as Shown on Record
$1,700,000.00

8b. Amount of Capital Contributions in FLORIDA to date
$1,700,000.00

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): $138.75 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
None

10. If changed, new registered agent/office
Name: W. SCOTT CALLAHAN,
Street Address (P.O. Box Number Is Not Acceptable): 28 EAST WASHINGTON STREET
Suite, Apt. #, etc.
City: ORLANDO FL Zip Code: 32801

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) W. Scott Callahan DATE 1/3/97

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
C.P.E., INC.	550 Mamaroneck Ave. Suite 203	Harrison, NY 10528	V49919

REINSTATEMENT 1996-1997

BK CUS

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 C.P.E., INC. By: Michael E. Rosen DATE 1-6-97

Typed or Printed Name of General Partner Signing Form: Michael E. Rosen, President Telephone Number

CR2E039 (4/95)

A33265

THE UNITED STATES CORPORATION COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN 15 AM 11:15

ACCOUNT NO. : 072100000032

REFERENCE : 222721 7107883

AUTHORIZATION : Patricia Piggott

COST LIMIT : [redacted]

ORDER DATE : January 15, 1997

ORDER TIME : 10:32 AM

ORDER NO. : 222721-015 400002060244--3

CUSTOMER NO: 7107883

CUSTOMER: Ms. Barbara S. Chapman
Stump Storey & Callahan, P.a.
P. O. Box 3388

Orlando, FL 32802-3388

DOMESTIC FILINGS

NAME: CHELSEA PARC EAST, LTD.

File Second

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett
EXAMINER'S INITIALS DWL

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1/15/97