

APPLICATION FOR
REINSTATEMENT

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 AM 10:37

DOCUMENT #

1. Name of Limited Partnership

BARCLAY PLACE LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address

6001 BROKEN SOUND PKWY

3. Principal Office Address

6001 BROKEN SOUND PKWY

Suite, Apt. #, etc.

SUITE 408

Suite, Apt. #, etc.

SUITE 408

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33487

Country

U.S.A.

Zip

33487

Country

U.S.A.

4. Date Formed or Registered
To Do Business in Florida

12/01/92

5. FEI Number

65-0376361

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

FLORIDA

8a. Capital Contributions as Shown
on Record

\$900,000.00

8b. Amount of Capital Contributions in
FLORIDA to date

\$05,000.00

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): \$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

Bellestar Management Corp.
6001 Broken Sound Parkway NW
Suite 408
Boca Raton FL 33487

10. If changed, new registered agent/office

Name

Street Address (P.O. Box Number is Not Acceptable)

800002945838--9

Suite, Apt. #, etc.

-07730793--01042--008

City

***1035.00

Zip Code

FL

10a. Pursuant to the provisions of sections 620 105.1 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

LEXSTAR (BARCLAY), INC.

6001 BROKEN SOUND PKWY

BOCA RATON, FL 33487

V33324

REINSTATEMENT 1999

BYC 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

[Signature]

DATE

7/22/99

Typed or Printed Name of General Partner Signing Form

LEXSTAR (BARCLAY), INC.

Telephone Number

561 994 5754

CR2E039 (12/98)