

3201  
A93000000355



APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIP

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 SEP 23 AM 8:53

DOCUMENT # A93000000355

1. Name of Limited Partnership  
REAL ESTATE ACQUISITION  
LIQUIDATION PARTNERS.

DBA - R.E.A.L. PARTNERS

DO NOT WRITE IN THIS SPACE

2. Mailing Address  
350 So. County Rd

Suite, Apt. #, etc.  
201

City & State  
Palm Beach, FL

Zip  
33480

Country  
USA

3. Principal Office Address  
350 So. County Rd

Suite, Apt. #, etc.  
201

City & State  
Palm Beach, FL

Zip  
33480

Country  
USA

4. Date Formed or Registered  
To Do Business in Florida  
1993

5. FEI Number  
65-0397916

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

8a. Capital Contributions as Shown  
on Record  
1,000 -

8b. Amount of Capital Contributions in  
FLORIDA to date  
1,000.

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

W. Lawrence LeNove  
350 So. County Rd #201  
Palm Beach, FL 33480

10. If changed, new registered agent/office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
FL Zip Code

10a. Pursuant to the provisions of sections 620.1061 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. Lawrence LeNove*

DATE 8/17/98.

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)

William L. LeNove

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

350 So. County Rd  
#201  
Palm Beach, FL 33480

City, State and Zip Code

11a. Registration  
Document Number

P93000068680

400002647344-3  
-09/23/98--01075--003  
\*\*\*3215.00 \*\*\*3215.00  
400002647344-3  
-09/23/98--01075--004  
\*\*\*132.15 \*\*\*132.15

REINSTATEMENT

OL 9-23

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 authorized by chapter 627, Florida Statutes.

SIGNATURE

*W. Lawrence LeNove*, Pres. Conv. Gen'l Partner

DATE 8/12/98

Typed or Printed Name of General Partner, Signature Line

W. Lawrence LeNove

Telephone Number

561-832-0227

CR2E039 (12/97)