

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAY 25 PM 1:23 \$ 947.50	
DOCUMENT # 1. Name of Limited Partnership A93000000742 Maitland West Associated Limited Partnership			
2. Mailing Address 292 Madison Avenue Suite, Apt. #, etc. 3rd Floor City & State New York, NY Zip 10017 Country USA		3. Principal Office Address 120 West 45th Street Suite, Apt. #, etc. City & State New York, NY Zip 10036 Country USA	
4a. Capital Contributions as Shown on Record \$50,000		4. Date Formed or Registered To Do Business in Florida 7/19/93	
4b. Amount of Capital Contributions in FLORIDA to date \$50,000		5. FEI Number 13-3724811	
FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 4b, 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 4b is greater than amount entered in 4a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.		6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 Additional Fee required for a Certificate of Status 7. State or Country of Formation Florida	
9. Name and Address of Current Registered Agent The Prentice-Hall Corporation System, Inc. 1201 Hays Street Suite 105 Tallahassee, FL 32301		10. If changed, new registered agent/office Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road Suite, Apt. #, etc. City Plantation, FL Zip Code 33324	
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) <u>Connie Bryan</u> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY DATE <u>5/21/99</u>			
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) Metropolitan Florida GP LLC	Address of Each General Partner (Do NOT use Post Office Box Numbers) 225 Broadhollow Road	City, State and Zip Code Melville, NY 11747	11a. Registration Document Number Applied For in 99000000766
Adm - 500.00 AR - 350.00 ARSUPP - 88.75 CERT - 8.75 \$ 947.50		REINSTATEMENT 1999 6000002886026 -05/25/99--01075--018 ***1000.00 ***947.50 (MK)	

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 X Scott Rechler DATE 5/20/99
 Typed or Printed Name of General Partner Signing Form Scott Rechler, as President Telephone Number

CRP-039 (1/97)