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- L. L 1	PLEASE READ A	ALL INSTR	UCT	IONS BEFOR	RE C	OMPLETING THIS FO	RM.	
LIMITED PARTNERSI REINSTATEM	144 11 10 11 15	Sec	cretar	TMENT OF STA y of State ORPORATIONS	ATE		CARLON SECTION OF THE PARTY OF	
DOCUMENT # A93000000746  1. Name of Limited Partnership  CANDLEGLOW APARTMENTS LIMITED PARTNERSHIP  4/21/00					M	Onlog 53		
2. Principal Office Addres 1071 Candleli	3. Mailing Office Address			1 Ava	4. Date Formed or Registered To Do Business in Florida 07	7/20/1993		
Suite, Apt. #, etc.	c/o Kenilworth Equities Ltd., 825 Third Ave			Ave	5. FEI Number	Applied For		
Attn: Manager	ounts, γφι. π, αισ.				65-0434433	Not Applicable		
City & State Brooksville, Fl	City & State New York, NY				CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status		
<sup>Zip</sup> 34601	Country	Zip 10022		Country		7a. Capital Contributions as shown or	\$600,000.00	
8. Name and Address of Current Registered Agent				ıt .		7b. Amount of Capital Contributions in	n FLORIDA to date: \$600,000.00	
Candleglow, Inc.						FEES:  1.) Filling Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filling 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		
Street Address (P.O. Box Number is Not Acceptable) 1071 Candlelight Blvd.								
Suite, Apt. #, Etc. Attn: Management Office					with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for a			
City Brooksville	State Zip Code FL 34601				Note: If the amount entered in 7b is 7a, a supplemental affidavit must be and appropriate filing fee.			
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes. He apprehamed 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, guitoff, 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 823-103. Statutes.								
SIGNATURE (Registered Agent Accepting acceptin								
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
10. Name(s) of Ge	eneral Partner(s)			General Partner Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number	
Candleglow, Ir	nc.	1071 Ca	ndlel	ight Blvd.	1	oksville, FL 34601 n: Management Office	P93000046199	
						4000562	96354	
			ST/	ATEME	Ħ	2000-2005		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.								
11. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-corporance with Section 119.07(3)(i) 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 against at 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 received by chapter 620, Florida Statutes.								
SIGNATURE 06/ /2005								
Typed or Printed Name of General Partner Signing Form Robert E. Morrow, President of Candleglow, Inc., the GP Telephone Number 212-593-4600								

ACCOUNT NO. : 072100000032

REFERENCE

431400

4813885

AUTHORIZATION

COST LIMIT

\$ 587.50

ORDER DATE: June 16, 2005

ORDER TIME: 10:02 AM

ORDER NO. : 431400-010

CUSTOMER NO:

4813885

CUSTOMER: Ken Wagner, Legal Asst

Tannenbaum Helpern Syracuse &

13th Floor

900 Third Avenue

New York, NY 10022-4775

DOMESTIC FILINGS

NAME:

CANDLEGLOW APARTMENTS LIMITED

PARTNERSHIP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext# 2955

EXAMINER'S INITIALS

## CANDLEGLOW APARTMENTS LIMITED PARTNERSHIP C/O KENILWORTH EQUITIES LTD. 825 THIRD AVENUE N.Y. 10022

June 8, 2005

Department of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Attn: Partnership Section

To Whom It May Concern:

The undersigned, as president of Candleglow, Inc., a Florida corporation, which is the general partner of Candleglow Apartments Limited Partnership (the "Limited Partnership"), hereby confirms that the Limited Partnership has not received an annual report from the Department of State for the years 2000 through the date hereof. The undersigned therefore requests that the penalty to reinstate the Limited Partnership in the State of Florida be waived.

> **CANDLEGLOW APARTMENTS** LIMITED PARTNERSHIP a Florida Limited Partnership

BY: Candleglow, Inc., its general partner

BY:

Vame: Robert Morrow Title: President