

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 28 PH 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000000246

1. Name of Limited Partnership
HVA Limited Partnership

2. Mailing Address
1301 W. NEWPORT CTR. DR.
City, State, Zip
Deerfield Beach, FL 33442
U.S.A.

3. Principal Office Address
1301 W. NEWPORT CTR. DR.
City, State, Zip
Deerfield Beach, FL 33442
U.S.A.

4. Date Formed or Registered
In Do Business in Florida 2/28/94

5. FEI Number
65-0472714

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
Reported \$ 0

8b. Amount of Capital Contributions in
FLORIDA to date \$ 0

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

10. If changed, new registered agent's name

Name HAROLD L. VAN ARNEM
Principal Office Address (P.O. Box Number is Not Acceptable)
1301 W. NEWPORT CENTER DRIVE
City, State, Zip
Deerfield Beach FL 33442

10a. Pursuant to the provisions of sections 620.10(5) and 620.10(7), Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, authorizes this statement for the purpose of changing its registered office or registered agent, if both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 620.10(2), Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) H L Van Arnen DATE 9/27/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Deposit on Document Due to
<u>HVA CORPORATION</u>	<u>1301 W. NEWPORT CENTER DRIVE</u>	<u>Deerfield Beach, FL 33442</u>	<u>P93000033207</u>
<u>95 500.00 52.50 88.75</u>			<u>900002999519--9</u>
<u>96 500.00 52.50 88.75</u>			<u>-09/28/93--01073--003</u>
<u>97 500.00 52.50 88.75</u>			<u>***4965.01 ***3215.00</u>
<u>98 500.00 52.50 88.75</u>			
<u>99 500.00 52.50 88.75</u>			
			<u>99-99 cus</u>
			<u>Dec</u>
<u>(Total \$ 3,215.00)</u>			

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 on the report 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, corporation or business empowered to execute this form as required by chapter 620, Florida Statutes.

SIGNATURE Betty E. Allen DATE 9/27/99
Print or Typed Name of General Partner Signing Form BETTY E. ALLEN, SECRETARY/TREAS. Telephone Number 954-419-1382
OF GENERAL PARTNER

TOTAL_e

September 27, 1999

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ATT: Diane Cushing

Re: Reinstatement of HVA Limited Partnership

Dear Sir:

Pursuant to our telephone conversation of today, I am enclosing herewith Application for Reinstatement, together with a check in the amount of \$4,965.01 which represents the fees which are listed in 1, 2 and 3, as well as \$1,750 which represents the contribution change. I am also enclosing herewith a Supplemental Affidavit which indicates the contribution change. Please forward to me in the enclosed self-addressed Federal Express envelope the Certificate of Status, of which the fee of \$8.75 is included in the enclosed check.

As I stated in our conversation the check which was originally forwarded to the Secretary of State's office has been stopped for payment. When the documents and the check are returned to your office, please forward back to me.

Your help in this matter is greatly appreciated.

Very truly yours,


Barbara A. Sweginnis
Legal Assistant

/bas
Encs.

VIA FEDERAL EXPRESS