

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

A94000001711

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 22 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000001711

1. Name of Limited Partnership

HTV ASSOCIATES LIMITED PARTNERSHIP

9/24/00

2. Principal Office Address

575 SO. CHARLES ST

Suite, Apt. #, etc.

H506

City & State

BALTIMORE, MD

Zip

21201

Country

USA

3. Mailing Office Address

575 SO. CHARLES ST.

Suite, Apt. #, etc.

H506

City & State

BALTIMORE MD

Zip

21201

Country

USA

4. Date Formed or Registered
To Do Business in Florida

12/14/1994

5. FEI Number

05-0486115

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record: **\$1000.00**

7b. Amount of Capital Contributions in FLORIDA to date:

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32301

9. 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.

Jeanine Reynolds
as its agent

SIGNATURE (Registered Agent Accepting Appointment)

Jeanine Reynolds

DATE

9-22-03

**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 General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Hilltop Partners, Limited Partnership	575 SO. CHARLES ST H506	BALTO, MD 21201	A94000001709
	<i>BK</i>	<i>300023235553</i>	

REINSTATEMENT 2000-2003

(BKO)

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 filing 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 or non-compliance 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 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

Peter S. Siegel

DATE

9/10/03

Typed or Printed Name of General Partner Signing Form

PETER S. SIEGEL

Telephone Number

400-234-0111

CR2E039 (10/02)



CORPORATION SERVICE COMPANY

A940000001711

ACCOUNT NO. : 072100000032

REFERENCE : 245008 5047900

AUTHORIZATION : Patricia Lopez

COST LIMIT : \$ ~~1200.00~~

ORDER DATE : September 16, 2003

ORDER TIME : 9:17 AM

ORDER NO. : 245008-005

CUSTOMER NO: 5047900

CUSTOMER: Ms. Midge Goldberg
Landex Corporation
Suite 506
575 South Charles Street
Baltimore, MD 21201

DOMESTIC FILINGS

NAME: HTV ASSOCIATES LIMITED
PARTNERSHIP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS BH

FILED
03 SEP 22 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 SEP 22 AM 10:43
DIVISION OF CORPORATION