APPLICATION FOR REINSTATEMENT **FOR**

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED 4/29

99 JUN 25 AM 10: 04

A95000001981 DOCUMENT # SEURLIANY OF STATE TALLAHASSEE FLORI**BA** 1. Name of Limited Partnership TRI-COUNTY HOLDINGS, LTD. DO NOT WRITE IN THIS SPACE Date Formed or Registered To Do Business in Florida Principal Office Address 6823 Vista Parkway North <u>6823 Vista Parkway North</u> 1995 FEI Number Applied For 65-0632639 Not Applicable City & State
West Palm Beach City & State
West Palm Beach CERTIFICATE OF STATUS DESIRED 2ip 33411 Palm Beach 33411 Palm Beach 7. State or Country of Formation Palm Beach County Florida Capital Contributions as Shown on Record 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 \$10,000.00 Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. 8b. Amount of Capital Contributions in FLORIDA to date 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. \$10,000.00 9. Name and Address of Current Registered Agent 10, If changed, new registered agent/office Cheryl Y. Perry Idress (P.O. Box Number Is Not Acceptable Kornfeld, Gary L. 1400 Centrepark Blvd., Suite # 1000 6823 Vista Parkway North West Palm Beach, Florida City West Palm Beach 10a. Pursuant to the provisions of sections 620.1051 and 620.195, 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 20.192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION. LIMITED PARTNERSHIP OR OTHER BUS MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration

Document Number 11. City. State and Zip Code Names of General Partner(s) Sunland Homes Tri-County Inc. P95000089772 6823 Vista Parkway North West Palm Beach, FL 33411 700002921627--5 -07/01/99--01103--004 ****667.50 ****667.50 REINSTATEMENT

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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

Frank E. Young, President

561-684-7500 \$ 212 Telephone Number

Typed or Printed Name of General Partner Signing Form

of Sunland Homes Tri-County, Inc