APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

A96000002131

$2,061.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 26 PM 12:24

DOCUMENT # A96000002131

Name of Limited Partnership

Flamingo Falls Professional Center, Ltd.

4/1/97

DO NOT WRITE IN THIS SPACE

Mailing Address: 1508 San Ignacio Avenue
Suite Apt. #, etc: #200
City & State: Coral Gables, FL
Zip: 33146
Country: USA

3. Principal Office Address: Same
Suite Apt. #, etc:
City & State:
Zip:
Country:

4. Date Formed or Registered To Do Business in Florida: 11/20/96

5. FEI Number: 65-0707898 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: $100.00

8b. Amount of Capital Contributions in FLORIDA to date: $5,000,100.00

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): $138.75 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.

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-03/04/98--01002--021
***3041.25 ***1291.25

9. Name and Address of Current Registered Agent

FFPC, Inc.
1508 San Ignacio Avenue, Suite 200
Coral Gables, FL 33146

10. If changed, new registered agent/office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City: FL
Zip Code

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-03/04/98--01002--022
****770.00 ****770.00

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered in 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 as registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
FFPC, Inc.	1508 San Ignacio Ave. Suite 200	Coral Gables, FL 33146	P96000094977

PENALTY - 1,000.00
AR - 875.00
ARSUPP - 177.50
CUS - 8.75
$2,061.25

REINSTATEMENT 1997-1998

MK CUS

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)(i), Florida Statutes. I release the Division of Corporations from any liability of 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: [signature] DATE: 2/25/98

Typed or Printed Name of General Partner Signing Form: E.M. Segall, President of FFPC, Inc. Telephone Number: (954) 437-8664

CR2F039 (4/95)