APPLICATION FOR REINSTATEMENT **FOR** LIMITED PARTNERSHIP

Riviera Dunes Ltd

1. Name of Limited Partnership



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

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12.25 12.25

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Mailing Address 36468 Emera	1d Coast Phwy	3. Principal Office Address 36468 Emeral	d Coast Phw	4. Date Formed or Registered To Do Business in Florida	02/27/1997	•
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	Applied	d For
Suite 1201 City & State		Suite 1201 City & State		59-343568	Not Ap	plicable
Destin, F		Destin, FL	n a self-	6.	\$8.75 Additional Fee re	equired
Zip	Country	Zip	Country	CERTIFICATE OF STATUS DES	for a Certificate of Si	
32541	usA	1, 2541	usa	7. State or Country of Formation	FL	
8a. Capital Contributions on Record: //O/O/O/O 8b. Amount of Capital C FLORIDA to date:	<i>x</i> 0	\$437.50, for 2.) Supplementa 3.) Penalty Fee(Note: If the amount enters	each <u>year due</u> this office. al Fee(s): \$88.75 for <u>each year</u> s): \$500 penalty fee for <u>each y</u> ed ad in 8b is greater than amount	\$1,000 on amount entered in 8b, with a min due this office, beginning with 1992 calends ear report form is delinquent. entered in 8a, a supplemental affidavit mus	ar year.	
		appropriate filing fed	e. 			
9.	Name and Address of Current F	Registered Agent		10. If changed, new registered agent/office		
Curtis H	. Gwin		Name			
	erald Coast Pl	Κ ω ų	Street Address (P.	O, Box Number is No. Addeptable	<i>!</i> 529835	-0
buite 12		J	Suite, Apt. #, etc.	-01/0	ar a r a r de a de la colo	
Destin, FL 32541				***** 	841.25 ****641.2	<u> 25</u>
_ '			City		FL Zip Code	
SIGNATURE (Registered Age	PARTNER THAT IS	S A CORPORATION BE REGISTERED	ON, LIMITED PAI	DATE RTNERSHIP OR OTHE VITH THIS OFFICE.		ΤΥ
11. Names of Gener		Address of Each Ge (Do NOT Use Post Office	neral Partner	City, State and Zip Code	11a. Registration Document Number	
The Riviero	a Dunes Compan	36468 Emeral. Suite 1201	d Coast Phung I	Destin, FL 32541	P97 000007438	
4						
Note: General p	artners MAY NOT b	e changed on this	form; an amendn	nent must be filed to cha	nge a general partne	r.
Corporations from any this annual report is tru	liability of ⊓on-com∦liance with Se	cron (19.07(3)(k) in the event tha ture shall have title same legal effe	t the information supplied is de	ion stated in Section 119.07(3)(k), Florida Semed exempt from public access. I furthe rither certify that I am a General Partner of t	r certify that the information indicated	d on ustee
SIGNATURE	(aylo	Bart		DATE	2/22/00	
yped or Printed Name of Gen	eral Partner Signing Form	Hay Shou	1+5	Telephone Number 85	0:837-0392	