

A970000001283

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE Barbara B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 29 AM 9:15
DOCUMENT # A970000001283			
1. Name of Limited Partnership Miramar Place Partners, L.P.			
2. Mailing Address 323 Page Bacon Rd Suite Apt. #, etc. 17 City & State Mary Esther FL Zip 32569 Country USA		3. Principal Office Address Suite Apt. #, etc. City & State Zip Country	
4. Pay For as to Registration 61197		5. Filing Fee 59-3424247	
6. CERTIFICATE OF STATUS DESIRED []		7. State of incorporation Florida	
8a. Capital Contributions as Shown on Record 48		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.	
8b. Amount of Capital Contributions in FLORIDA to date		9. Name and Address of Current Registered Agent Miramar Place Development, Inc. 323 Page Bacon Road, #17 Mary Esther, FL 32569	
10. Principal Office Address 600002830846-2 04/06/99-01062-001 *****500.00 *****500.00		11. Names of General Partner(s) Lisa V. McMichael 323 Page Bacon Road, #17 Mary Esther, FL 32569	
11a. Registered Agent LVM			
REINSTATEMENT			
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 declare that the information 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, or a partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE Lisa V. McMichael		DATE 1-4-99	
Typed or Printed Name of General Partner Signing Form Lisa V. McMichael		Telephone Number 850-244-4143	

CR2E039 (12/97)