

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # A97000001398		99 MAY 14 PM 1:58	
1. Name of Limited Partnership ATRIA FAMILY III, LTD.		DO NOT WRITE IN THIS SPACE	
2. Mailing Address c/o Rauch, Weaver, Millsaps & Co 871 E. Commercial Blvd. City & State Ft. Lauderdale, FL Zip 33334-3290 Country USA		3. Principal Office Address c/o Rauch, Weaver, Millsaps & Co 871 E. Commercial Blvd. City & State Ft. Lauderdale, FL Zip 33334-3290 Country USA	
8a. Capital Contributions as Shown on Record \$100.00		8b. Amount of Capital Contributions in FLORIDA to date. \$100.00	
9. Name and Address of Current Registered Agent		10. If changed, new registered agent/office	
		Name Drake M. Batchelder Street Address (P.O. Box Number is Not Acceptable) 450 E. Las Olas Blvd. Suite, Apt. #, etc. Suite 950 City Ft. Lauderdale FL Zip Code 33301	
10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, Florida Statutes. (SEE ATTACHED.) 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
Sundance Family Corp.	76 N. Maple Avenue Suite 187 B/K 5/14/99	Ridgewood, NJ 07450	P97000095781 400002885494 -05/26/99--01046--001 ****641.25 ****641.2
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 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. SUNDANCE FAMILY CORP., general partner			
SIGNATURE By: <u>Dan Williamson, PRES</u>		DATE <u>5/11/99</u>	
Typed or Printed Name of General Partner Signing Form <u>DAN WILLIAMSON</u>		Telephone Number <u>(954) 835-0718</u>	

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5/16/99

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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REINSTATEMENT 1999

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