

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	
<p style="font-size: 2em; font-weight: bold; margin: 0;">A97000001398</p> <p>DOCUMENT # A97000001398</p> <p>1. Name of Limited Partnership ATRIA FAMILY III, LTD.</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>99 MAY 14 PM 1:58</p>	
<p>2. Mailing Address c/o Rauch, Weaver, Millsaps & Co 871 E. Commercial Blvd. Ft. Lauderdale, FL 33334-3290 USA</p>		<p>3. Principal Office Address c/o Rauch, Weaver, Millsaps & Co 871 E. Commercial Blvd. Ft. Lauderdale, FL 33334-3290 USA</p>	
<p>8a. Capital Contributions as Shown on Record \$100.00</p>		<p>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): \$103.75 for each year due this office, beginning with 1892 calendar year. 3.) Penalty Fee(s): \$500.00 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than the amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.</p>	
<p>8b. Amount of Capital Contributions in FLORIDA to date. \$100.00</p>		<p>4. Date Formed or Registered To Do Business in Florida 06/25/97</p> <p>5. FEI Number 58-2356658</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>7. State or Country of Formation Florida</p>	
<p>9. Name and Address of Current Registered Agent</p>		<p>10. If changed, new registered agent/office</p> <p>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</p>	
<p>10a. Pursuant to the provisions of sections 620.1051 and 620.192, 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 620.192, Florida Statutes.</p> <p style="text-align: center;">(SEE ATTACHED.)</p> <p>SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____</p>			
<p>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</p>			
<p>11. Names of General Partner(s)</p>	<p>Address of Each General Partner (Do NOT Use Post Office Box Numbers)</p>	<p>City, State and Zip Code</p>	<p>11a. Registration Document Number</p>
<p>Sundance Family Corp.</p>	<p>76 N. Maple Avenue Suite 187</p>	<p>Ridgewood, NJ 07450</p>	<p>P97000095781</p>
<p>4000002885494 -05/26/99--01046--001 ****641.25 ****641.25</p> <p style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT 1999</p>			
<p>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</p>			
<p>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.</p>			
<p>SUNDANCE FAMILY CORP., general partner</p>			
<p>SIGNATURE By: <u>Dan Williamson, PRES</u> DATE <u>5/11/99</u></p> <p>Typed or Printed Name of General Partner Signing Form <u>DAN WILLIAMSON</u> Telephone Number <u>(954) 835-0718</u></p>			