

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JUL 30 PM 3:25	
DOCUMENT # A97000001560 1. Name of Limited Partnership FLAMINGO PARTNERS ASSOCIATES, LTD.					
2. Mailing Address 5875 Collins Avenue		3. Principal Office Address 5875 Collins Avenue		4. Date Formed or Registered To Do Business in Florida 07/15/97	
Suite Apt. # etc. 223		Suite Apt. # etc. 223		5. FE Number Applied For ☒ Not Applicable	
City & State Miami Beach, FL		City & State Miami Beach, FL		6. CERTIFICATE OF STATUS DESIRED ☒ See Additional Fee required for a Certificate of Status	
Zip 33140	Country USA	Zip 33140	Country USA	7. State or Country of Formation Florida	
8a. Capital Contributions as Shown on Record \$1,000.00		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8a, 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 record form is delinquent. Note: If the amount entered in 8a is greater than amount entered in 8b, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8b. Amount of Capital Contributions in FLORIDA to date \$1,000.00					
9. Name and Address of Current Registered Agent PAUL LESTER c/o Fieldstone, Lester & Shear 200 South Biscayne Blvd., Ste. 2100 Miami, FL 33131			10. Changed new registered agent/office Name John H. Genovese Street Address (P.O. Box Number is Not Acceptable) 201 South Biscayne Blvd. Suite Apt. # etc. 2400 Miami Center City Miami FL Zip Code 33131		
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.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 7/29/98					
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) 5875 Collins Corp.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5151 Collins Avenue		City, State and Zip Code Miami Beach, FL 33140	
11a. Registration Document Number P96000052055		500002612255--1 --08/10/98--01128--004 *****641.25 *****641.25			
PRWALTY 500.00 AR 52.50 ARSUPP 88.75 CUS 8.75 \$ 650.00		REINSTATEMENT 1998 500002612255--1 --08/10/98--01128--005 *****8.75 *****8.75			
Note: General partners MAY NOT be changed on this amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished for the exemption stated in Section 119.07(3)(h), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(h) in the event this annual report is filed and accurate and that my signature shall have the same legal effect as if I were a general partner of the limited partnership, receiver or trustee of the limited partnership. I further certify that I am a General Partner of the limited partnership, receiver or trustee of the limited partnership.					
SIGNATURE _____ DATE 7/29/98					

CR2E038 (12/97)