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SECRETARY OF STAT
DIVISION OF CORPORATI

99 JUN 17 AM 10: 4

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A97000001765

1. Name of Limited Partnership
611, Ltd.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
1501 Corporate Dr. #250	same	
Suite, Apt. #, etc. 250	Suite, Apt. #, etc. same	5. FEI Number 65-0724589 ☐ Applied For ☐ Not Applicable
City & State Boynton Beach, FL	City & State same	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a certificate of status
Zip 33426 Country USA	Zip same Country same	7. State or Country of Formation ~~Florida~~

8a. Capital Contributions as Shown on Record:
~~$550,000.00~~

8b. Amount of Capital Contributions in FLORIDA to date:
$550,000.00

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): $8[illegible].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

9. Name and Address of Current Registered Agent

Frank J. Mulhall
2200 Corporate Blvd., N.W., Suite 407
Boca Raton, Florida

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City Zip Code

[illegible]
06/21/99--01167--001
***1026.25 ***1026.25

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 ______

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
Atlantic Health DevelopmentCorporation, a Florida Corporation	530 Ibis Drive	Delray Beach, FL 33444	P97000070154

REINSTATEMENT 99 6A #526.25-AR
$500.00-Penalty

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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership or a receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] Pres. DATE 6/14/99

Typed or Printed Name of General Partner Signing Form: Atlantic Health Development Corporation By Daniel D. Goebel, Pres. Telephone Number

CR2E039 (12/98)