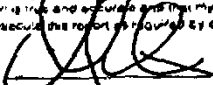


Jun-17-99

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 1501 Corporate Dr. #250 Suite Apt. #, etc. 250 City & State Boynton Beach, FL Zip 33426 County USA		3. Principal Office Address same Suite, Apt. #, etc. same City & State same Zip same County same	
4. Date Formed or Registered To Do Business in Florida		5. FEI Number 65-0724589	
6. CERTIFICATE OF STATUS DESIRED ☐ See Form 1001 for required for a Certificate of Status		7. State or Country of Formation Florida	
8a. Capital Contributions as Shown on Records \$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 \$457.50, for each year due this office. 2.) Supplemental Fee(s): \$66.75 for each year due this office beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report 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 \$550,000.00			
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) City State Zip	
10a. Pursuant to the provisions of sections 620.1061 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits the 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.			
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. Name 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 Development Corporation, a Florida Corporation	530 Ibis Drive	Delray Beach, FL 33444	P97000070154
REINSTATEMENT 99 \$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 reported on the 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, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE 		DATE 6/14/99	
Typed or Printed Name of General Partner Signing Form Atlantic Health Development Corporation Daniel D. Goebel, Pres.			

CR2E009 (12/98)