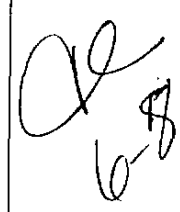
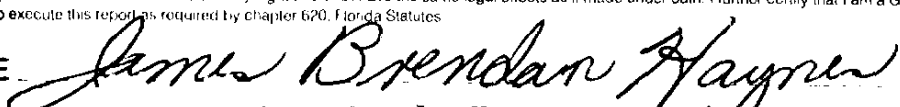


APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP Annual Rpt. 1998 DOCUMENT # A97000002478		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 JUN -5 PM 4: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE	
1. Name of Limited Partnership Arcade Building, Ltd.		2. Mailing Address 5 Ridge Drive Suite, Apt. #, etc		3. Principal Office Address 222 Broadway Suite, Apt. #, etc	
City & State Naples, Florida 34108		City & State Kissimmee, FL. 32741		4. Date Formed or Registered To Do Business in Florida 11/14/97	
Zip 34108		Country U.S.A.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6a. Capital Contributions as Shown on Record \$322,500.00		6b. Amount of Capital Contributions in FLORIDA to date \$322,500.00		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$175 Additional Fee required for a Certificate of Status	
7. State or Country of Formation Florida		FEEES: 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): \$88.75 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 Atty. Douglas L. Rankin 2335 Tamiami Trail North Suite 308 Naples, FL. 34103		10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) 400002557664--2 Suite, Apt. #, etc -06/12/98--01007--004 City ****526.25 ****526.25 FL Zip Code			
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 06/3/98					
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)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
Arcade Theater Building, Inc., General Partner		222 Broadway		Kissimmee, FL. 32741	
				11a. Registration Document Number A97000002478 P97-92888 	
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.					
SIGNATURE 		James Brendan Haynes, as President of		DATE June 3, 1998	
Typed or Printed Name of General Partner Signing Form		ARCADE THEATER BUILDING, INC.		Telephone Number c/o 941-262-0061	

CR2E039 (12/97)

(Above This Line Is For Recording)

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF COLLIER

BEFORE ME, a Notary Public, this date appeared JAMES BRENDAN HAYNES, to me well known, who being by me first duly sworn, deposes and says as follows:

1. My name is James Brendan Haynes, my residence address is: 5 Ridge Drive, Naples, Florida 34108, my business address is 222 Broadway, Kissimmee, Florida 32741.

2. I am the President of Arcade Theater Building, Inc., which corporation is the General Partner of Arcade Building, Ltd.

3. This Affidavit is made for the sole purpose of inducing the Florida Secretary of State, Division of Corporations, to waive their Five Hundred Dollar (\$500.00) penalty fee for limited partnership reinstatement.

4. Contrary to what I have been advised, I hereby affirm that I received no notices of any kind regarding the lateness of an

③

annual report for Arcade Building, Ltd.

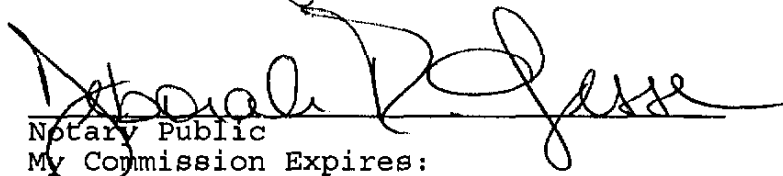
FURTHER AFFIANT SAYETH NOT.

I swear under penalty of perjury that the above statements are true, correct and complete to the best of my knowledge and belief.

  
JAMES BRENDAN HAYNES

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared JAMES BRENDAN HAYNES, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person: personally known and that an oath was taken.

WITNESS my hand and official seal in this County and State last aforesaid this 31<sup>st</sup> day of June, 1998.

  
Notary Public  
My Commission Expires:

c:\law4\4036.1

