

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP <i>Annual Report 1998</i>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>98 APR 27 PM 4:06</b>	
DOCUMENT # <b>A97000002539</b>				1. Name of Limited Partnership <b>MIDWEST MT. CLEMENS LIMITED PARTNERSHIP</b>	
2. Mailing Address <b>c/o Centres, Inc.</b> Suite, Apt. #, etc. <b>3315 North 124th St., Suite E</b> City & State <b>Brookfield, WI</b> Zip <b>53005</b> Country <b>USA</b>		3. Principal Office Address <b>Two Datan Center, suite 1528</b> Suite, Apt. #, etc. <b>9130 South Dadeland Blvd.</b> City & State <b>Miami, FL</b> Zip <b>33156</b> Country <b>USA</b>		4. Date Formed or Registered To Do Business in Florida <b>11/24/97</b> 5. FEI Number <b>39-1914220</b> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status 7. State or Country of Formation <b>FL</b>	
8a. Capital Contributions as Shown on Record <b>\$5,000.00</b>		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): \$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.			
8b. Amount of Capital Contributions in FLORIDA to date <b>\$5,000.00</b>		9. Name and Address of Current Registered Agent <b>Midwest Mt. Clemens GP, Inc.</b> <b>Two Datan Center, Suite 1528</b> <b>9130 South Dadeland Blvd.</b> <b>Miami, FL 33156</b>			
		10. If changed, new registered agent/office Name Street Address (P.O. Box Number) <b>138802507141-5</b> Suite, Apt. #, etc. <b>05/01/98 01005-003</b> <b>****141.25 ****141.25</b> City <b>FL</b> 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 _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
11. Names of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
Midwest Mt. Clemens GP, Inc.		9130 South Dadeland Blvd.		Miami, FL 33156	
				11a. Registration Document Number <b>P97000096023</b>	
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
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.					
BY: <b>Midwest Mt. Clemens GP, Inc.</b> SIGNATURE <i>Michelle M. Nennig</i> DATE <b>April 24, 1998</b> Typed or Printed Name of General Partner Signing Form <b>Michelle M. Nennig - VP</b> Telephone Number <b>414-781-8760</b>					

CR2E039 (12/97)

C E N T R E S I N C.

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April 24, 1998

Partnership Section  
Secretary of State  
Division of Corporation  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: Midwest Mt. Clemens Limited Partnership

To Whom It May Concern:

Enclosed please find an Application for Reinstatement for Limited Partnership for the above entity. A check in the amount of \$141.25 is enclosed for the filing fee. We received a 1998 Final Notice on February 2, 1998 and I called your offices on that day to verify our filing for the 1998 Annual Report. The person I spoke to stated that our filing was received on December 26, 1997 and we did not have to file the Final Notice form. Please Reinststate the Partnership.

If you have any questions, please feel free to contact me.

Sincerely,

Midwest Mt. Clemens Limited Partnership

Nancy Lemerond  
Development Assistant

Enclosures

VIA OVERNIGHT COURIER