

A98000000828

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 9 PM 1:52

DOCUMENT # **A98000000828**

1. Name of Limited Partnership

Oakwood Shopping Center LTD.

9/29/00

500004469985--3

-07/11/01--01074--004

******526.25 ****526.25**

2. Principal Office Address

4100 Collins Ave

Suite, Apt. #, etc.

Collins

City & State

Miami Beach

Zip

33140

Country

DADE

3. Mailing Office Address

1900 Sunset Harbor

Suite, Apt. #, etc.

1002

City & State

Miami Beach

Zip

33139

Country

DADE

**4. Date Formed or Registered
To Do Business in Florida**

4/1/98

5. FEI Number

65-0839210

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7a. Capital Contributions as shown on Record:

\$1,400,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$1,400,000.00

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name **RANDOLPH POTTER ESQ**

Street Address (P.O. Box Number is not Acceptable)

CORNERSTONE I 10050 Pine Island Road

Suite, Apt. #, etc.

Suite 230

City

Plantation FL

Zip Code

33324

9. 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 **7-5-01**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

**10a. Registration
Document Number**

**ISB management
INC.**

**1900 Sunset
Harbor Dr.**

**Miami Beach
FL
33139**

**Miami Beach
FL**

**33139
Penalty 00-01/1000.00
Sup fee 500-01/177.50**

798000029918

500004469985--3

-07/11/01--01074--005

*****1526.25 ***1526.25**

REINSTATEMENT 2000-2001

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

ISA S. Burton

DATE

7/2/01

Typed or Printed Name of General Partner Signing Form

ISA S. Burton

Telephone Number

305-5349533

CR2E039 (11/99)