2007 SEP 10 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E059 (1/07)

DOCUMENT # A98000001082

1. Name of Limited Partnership

Sunset Lakes Shops, Ltd.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Arbor Circle South, 8 Campus Drive		Arbor Circle South, 8 Campus Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
4th Floor		4th Floor	
City & State		City & State	
Parsippany, NJ		Parsippany, NJ	
Zip	Country	Zip	Country
07054-4493	USA	07054-4493	USA

4. Date Formed or Registered To Do Business in Florida: 05/01/1998

5. FEI Number: 65-0837355 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

6. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

7. FEES

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $68.75 for each year due this office.

Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

☐ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1510 or 620.1908, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): Marie Edwards Marie Edwards Asst. Vice President DATE 9/10/07
(REGISTERED AGENT MUST SIGN)

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

10a. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10b. Registration Document Number
Sunset Lakes Shops GP, LLC	Arbor Circle South 8 Campus Drive, 4th Floor	Parsippany, NJ 07054-4493	L03000024455

REINSTATEMENT 06-07

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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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: [signature] DATE: 9/10/07

Typed or Printed Name of General Partner Signing Form: Whitney Wright Lewallen Telephone Number: 770 395 8616

(L07)2 - 1/1/07 C T System Online

Florida Department of State

Division of Corporations
Public Access System

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

① please file 1st (before audit # H07000225736)
② please waive pre-filing fee
thankyou!

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LP/LLLP REINSTATEMENT

SUNSET LAKES SHOPS, LTD.

Certificate of Status	0
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