
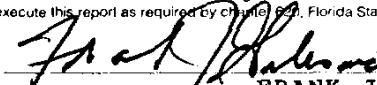


A98000001795

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JUL 28 AM 9:56	
DOCUMENT # A98000001795					
1. Name of Limited Partnership ATLANTIC PLAZA II LTD. c/o SUMMIT REALTY & DEVELOPMENT CORP. 200 WEST PALMETTO PARK ROAD #301 BOCA RATON, FLORIDA 33432				DO NOT WRITE IN THIS SPACE	
2. Mailing Address 200 W. PALMETTO PARK RD		3. Principal Office Address SAME		4. Date Formed or Registered To Do Business in Florida 7/28/98	
Suite, Apt. #, etc. SUITE 301		Suite, Apt. #, etc.		5. FEI Number 65-0854146	
City & State BOCA RATON, FLORIDA		City & State		Applied For Not Applicable	
Zip 33432		Country USA		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$3.75 Additional Fee required for a Certificate of Status</small>	
8a. Capital Contributions as Shown on Record 76,000		7. State or Country of Formation			
8b. Amount of Capital Contributions in FLORIDA to date: 76,000		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): \$68.75 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 HENRY HANDLER, ESQUIRE 1 BOCA PLACE SUITE 218A 2255 GLADES ROAD BOCA RATON, FLORIDA 33431				10. If changed, new registered agent/office Name Street Address (P.O. Box Number Is Not Acceptable) 600002948626--7 Suite, Apt. #, etc. -08/03/99--01030--001 City ***1026.25 FL ***1026.25	
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 _____					
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	
ADREAC HOLDINGS		4568 BOCAIRE BLVD.		BOCA RATON, FL 33487	
				11a. Registration Document Number	
REINSTATEMENT 1999					
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 689, Florida Statutes.					
SIGNATURE 				DATE 7/19/99	
FRANK J. GULISANO, MANAGING AGENT				Telephone Number 561-368-2043	
Typed or Printed Name of General Partner Signing Form _____					

CR2E039 (12/98)