A98000002296

Florida Department of State
Division of Corporations
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To:
     Division of Corporations
     Fax Number      : (850)617-6383

From:
     Account Name    : CORPORATION SERVICE COMPANY
     Account Number  : I20000000195
     Phone           : (850)521-1000
     Fax Number      : (850)558-1575
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RESUBMIT
Please give original submission date as file date.

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LP/LLLP REINSTATEMENT

UNIHAMP HOTEL ASSOCIATES, LTD.

pls file 2nd

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T. HAMPTON
MAY - 5 2009
EXAMINER

April 30, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

UNIHAMP HOTEL ASSOCIATES, LTD.
C/O ALLAN V. ROSE
ONE EXECUTIVE BOULEVARD
YONKERS, NY 10701

SUBJECT: UNIHAMP HOTEL ASSOCIATES, LTD.
REF: A98000002296

RESUBMIT
Please give original submission date as file date.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H09000106830
Letter Number: 609A00014547

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TALLAHASSEE, FLORIDA

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MDI 973934

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (1/07)

DOCUMENT # A 98000002296

1. Name of Limited Partnership
Unihamp Hotel Associates, Ltd.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o AVR, One Executive Bl	One Executive Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Yonkers, NY	City & State: Yonkers, NY
Zip: 10701 Country: USA	Zip: 10701 Country: USA

4. Date Formed or Registered To Do Business in Florida: Oct. 7, 1998

5. FEI Number: 13-4028214 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

7. FEES:

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

Supplemental Fee(s): $88.75 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 620.1010 or 620.1505, 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): Carina L. Dunlap DATE: 4/28/09
(REGISTERED AGENT MUST SIGN)
Carina L. Dunlap
Asst. Vice President

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	10a. Registration Document Number
Unihamp Temp Corp.	One Executive Blvd.	Yonkers, NY 10701	P98000084655

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 veridically furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I knowingly release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. to the extent 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: Vicki G Cheikes, V.P. Unihamp Temp Corp DATE: 4/28/09

Typed or Printed Name of General Partner Signing Form: VICKI G CHEIKES Telephone Number: 561 544 8849

REINSTATEMENT 2007 - 2009