

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # A99000001758		FILED 01 DEC -6 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership MOUNTAINVIEW ESTATES TAMPA, LTD.			
2. Principal Office Address 185 FAIRFAX AVE Suite, Apt. #, etc. SUITE 4C City & State WEST CAPOWELL N.J. Zip - Country 07006 USA		3. Mailing Office Address 185 FAIRFAX AVE Suite, Apt. #, etc. SUITE 4C City & State WEST CAPOWELL N.J. Zip - Country 07006 USA	
4. Date Formed or Registered To Do Business in Florida 6/27/99			
5. FEI Number 22-2275822		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: 100,000			
7b. Amount of Capital Contributions in FLORIDA to date: 100,000			
8. Name and Address of Current Registered Agent			
Name NRAI SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE Suite, Apt. #, Etc. City TALLAHASSEE State FL Zip Code 32301			
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 _____			
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
Pci Tampa, Inc.	185 FAIRFAX AVE SUITE 4C WEST CAPOWELL, NJ 07006	200004784542-4 -12/20/01--01044--028 ***1026.25 ***1026.25	F99000005552
REINSTATEMENT 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 _____

DATE

12/27/01