

B01000000374

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2002 NOV -4 AM 10: 07

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000374

1. Name of Limited Partnership

AMC DELANCEY MIAMI LAKES PARTNERS, LP

2. Principal Office Address

555 Croton Road

Suite, Apt. #, etc.

Suite 300

City & State

King of Prussia PA

Zip

19406

Country

USA

3. Mailing Office Address

718 Arch Street

Suite, Apt. #, etc.

Suite 400 North

City & State

Philadelphia PA

Zip

19106

Country

USA

4. Date Formed or Registered  
To Do Business in Florida

10/15/2001

5. FEI Number

23-3094091

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:

\$1,715,000.00

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

\$1,900,000

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

Corporation Services Company

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

1201 Hays Street

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

AMC DELANCEY MIAMI LAKES  
ASSOCIATES, LP

555 Croton Road  
Suite 300

King of Prussia, PA  
19406

B01000000373

AQUILIA MIAMI LAKES, LLC

3111 N. University Dr.  
Suite 175

Coral Springs, FL  
33065

L01000018569

300008791373  
11/04/02--01104--001 \*\*1026.25

REINSTATEMENT 2002

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

By AMC DELANCEY MIAMI LAKES ASSOC LP

DATE

10/28/02

Typed or Printed Name of General Partner Signing Form

By AMC DELANCEY MIAMI LAKES INC

Telephone Number

215-627-6500

CR2E039 (10/02)