

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 APR 11 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Name of Limited Partnership

Academy Income Properties I, L.P.

04

2. Principal Office Address

3300 Monroe Ave. Suite

3. Mailing Office Address

328

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Rochester, NY. 14618

City & State

Zip

Country

Zip

Country

14618

USA

8. Name and Address of Current Registered Agent

Name

Ferdinand Reinleib

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

1440 Arrowhead Trail

Suite, Apt. #, Etc.

City

State

Zip Code

Enterprise

FL

32725

9. Pursuant to the provisions of section 620.1810 or 620.1909, 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)

(REGISTERED AGENT MUST SIGN)

DATE

4/8/06

**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

J. Peter Willard

3300 Monroe Ave.

Suite 328 Rochester NY 14618

100070433411
04/14/06--01019--012 **3000.00

REINSTATEMENT 2004-2006

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

DATE

4-7-06

Typed or Printed Name of General Partner Signing Form

J. Peter Willard

Telephone Number

(585) 218-9760