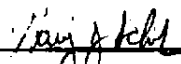


APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE Candra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Name of Limited Partnership MIF REALTY L.P., LTD.		B93000000291	
2. Mailing Address C/O Two Bent Tree Tower 16479 Dallas Pkwy., Ste. 400 Dallas, TX 75248 Zip 75248 Country		3. Principal Office Address 16479 Dallas Parkway, Ste. 400 Suite 400 Dallas, TX 75248 Zip Country	
4. Date Formed or Registered To Do Business in Florida 07/14/1993		5. FEI Number 75-2460636 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐		7. State or Country of Formation	
8a. Capital Contributions as Shown on Record: 6,502,275		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 \$62.50 and a maximum of \$487.50, for each year due this office. 2.) Supplemental Fee(s): \$86.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$300 penalty fee for each year in good faith non-compliance. 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.	
8b. Amount of Capital Contributions in FLORIDA to date: 1,256,304		9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		000002520400-3 -05/12/98-01053-023 ***1026.25 ***1026.25 FL	
10a. Pursuant to the provisions of sections 620.1061 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. Name of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
MIF GEN-PAR L.P.	C/O 16479 DALLAS PKWY.	DALLAS, TX 75248	B93000000290
REINSTATEMENT 98 Dec			
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 620, Florida Statutes.			
SIGNATURE  Asst. Treasurer		DATE 1/29/98	
Typed or Printed Name of General Partner Signing Form		Telephone Number	