

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED PARTNERSHIP REINSTATEMENT**  
**FLORIDA DEPARTMENT OF STATE**  
 Division of Corporations

**B9400000150**

**FILED**  
 01 DEC 12 PM 2:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # B9400000150**

**1. Name of Limited Partnership**  
 PCFM ASSOCIATES L.P. LIMITED PARTNERSHIP

**2. Principal Office Address**  
 60 ROUTE 46 EAST

Suite, Apt. #, etc.

**City & State**  
 FAIRFIELD, NJ

**Zip Country**  
 07004 USA

**3. Mailing Office Address**  
 60 ROUTE 46 EAST

Suite, Apt. #, etc.

**City & State**  
 FAIRFIELD, NJ

**Zip Country**  
 07004 USA

**4. Date Formed or Registered To Do Business in Florida**  
 04/19/1994

**5. FEI Number**  
 22-2916040

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:**  
 1,904,000.00

**7b. Amount of Capital Contributions in FLORIDA to date:**  
 1,904,000.00

**8. Name and Address of Current Registered Agent**

**Name**  
 LARRY BODIFORD

**Street Address (P.O. Box Number is Not Acceptable)**  
 620 MCKENZIE AVENUE

Suite, Apt. #, Etc.

**City State Zip Code**  
 PANAMA CITY FL 32401

**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.

**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)** *[Signature]* **DATE** 9-14-01

**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
FLORIDA ASSOC. INC.	60 ROUTE 46 EAST	FAIRFIELD, NJ 07004	F93000000398
ZCS, INC.	25 MAIN STREET	HACKENSACK, NJ 07602	F93000000879

*F93 000 000398*  
*F93 000000879*  
 Adm - 2000.00  
 AR 1750.00  
 ARSUPP 355.00  
 4105.00

**REINSTATEMENT 1998-2001**  
 500004735345--8  
 12/21/01--01007--019  
 \*\*\*4105.00 \*\*\*4105.00

**BK**

**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** *[Signature]* **DATE** 10/25/01  
 Stanley Stern, Esq.  
 Telephone Number 201-489-3000

CR2E039 (9/00)