APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED 00 OCT 18 PH 2: 09

SEGRETARY OF STATE TALLEARISSEE, FLORIDA

DOCUMENT # 894 - 509

1. Name of Limited Partnership

1999-2000

| E.H. Properties, L.P. | | | | DO NOT WRITE IN THIS SPACE. | | |
|---|--|---|---|--|--|--|
| 2. Mailing Address 1120 Aye. of the Americas | 3. Principal Office Address 1120 Aye. of | | 4. Date Formed of To Do Busines | 4. Date Formed or Registered To Do Business in Florida 12/19/1994 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. FEI Number | | Applied For | |
| City & State | City & State New York, NY | | | 33-0606135 Not Applica | | |
| New York, NY Zip Country | Zip Country | | 6. CERTIFICATE OF | 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status | | |
| New York | 10036 | New York | 7. State or Countr | y of Formation Delaw | are | |
| on Record: 5,176,691.00 8b. Amount of Capital Contributions in FLORIDA to date: 5,443,516 9. Name and Address of Current Record to the Prentice—Hall Corporation 1201 Hays Street, Suite 105 Tallahassee, FL 32301 | \$437.50, ft 2.) Supplemer 3.) Penalty Fe Note: If the amount ente appropriate filing | or each year due this of ntal Fee(s): \$88.75 for gre(s): \$500 penalty fee ford in 8b is greater that fee. Name R. J. Street Ad 1301 | ach year que this office, beginning with or each year report form is definquent, n amount entered in 8a, a supplement 10. If changed OSEPH Dill tress (F.O. Box Number is Not Accel Riverplace Bouls | h 1992 calendar year. al affidavit must be submitted a , new registered agent/office | | |
| Tarramassee, Tr. 52501 | | | Suite Apt. #, etc Suite 1916 City Tacksonville FI-32207 | | | |
| Pursuant to the provisions of sections 620 1051 and 62 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST | istered agent, or both, in the S section 620,192, Florida Statu | tate of Florida Such ch | ange was authorized by its general p | DATE DATE BUSIN | appointment of registered | |
| 11. Names of General Partner(s) | Address of Each General Partner (Do NOT Use Post Office Box Numbers) | | City, State and Zip (| Dode 11a. | Registration Document Number | |
| New Plan Excel Realty Trust, Inc. | 1120 Ave. of Americas | the liner | New York, NY 10 526.2. 526.2. 1000.00 | 5 > melu 5 > 88-75 | 00001647 Ides Sup fie Nyr. due 500.00 eachy 16-019 **2052.50 | |
| Note: General partners MAY NOT b 12. I do hereby certify that the information supplied with this f Corporations from any liability of non-compliant of this annual report is true and accurate and that my signat empowered to execute this report as required and chapter | iling is voluntarily furnished and ction 119.07(3)(k) in the event t ure shall have the same legal o | d does not qualify for th | e exemption stated in Section 119.07 | (3)(k), Florida Statutes, I relea | se the Division of | |
| SIGNATURE | SENT FORMA SIMILARS. | | | 10/0/000 | | |
| J. J. V. V. O. I.E. — | | | | (0/2/2000) | ٦ ١ | |
| yped or Printed Name of General Payme Signing Form St | even F. Siegel | | | _ _{DATE} <u>10/3/2000</u> Number (212) 869 | | |