

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

B9600000380

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 98 JUN 19 PM 3:39

DOCUMENT # B9600000380

1. Name of Limited Partnership
 Highwoods/Florida Holdings GP, L.P.

DO NOT WRITE IN THIS SPACE

2. Mailing Address 3100 Smoketree Ct. Suite, Apt. #, etc Suite 600 City & State Raleigh, NC Zip 27604 Country Wake		3. Principal Office Address 3100 Smoketree Ct. Suite, Apt. #, etc Suite 600 City & State Raleigh, NC Zip 27604 Country Wake		4. Date Formed or Registered To Do Business in Florida 9-26-96	
				5. FEI Number 56-1993394 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$175 Additional Fee required for a Certificate of Status	
				7. State or Country of Formation Delaware	

8a. Capital Contributions as Shown on Record 9,900	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 \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 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 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 9,900	

9. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324 US	10. If changed, new registered agent/office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City FL Zip Code
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10a. 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.

CONNIE BRYAN
 SPECIAL ASSISTANT SECRETARY

SIGNATURE (Registered Agent Accepting Appointment) *Connie Bryan* DATE 6-19-98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names 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
Highwoods/Florida GP Corporation 500.00 69.30 88.75 8.75 \$666.80	3100 Smoketree Ct. Suite 600	Raleigh, NC 27604	F96000004961 300002571753--6 -06/25/98--01008--009 *****8.75 *****8.75 300002571753--6 -06/25/98--01008--010 *****658.05 *****658.05

REINSTATEMENT 1998

(Signature)

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.

HIGHWOODS/FLORIDA GP CORPORATION

SIGNATURE *Carman J. Liuzzo* DATE June 17, 1998
 Carman J. Liuzzo, Vice President & CFO Telephone Number (919) 872-4924

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