

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

B9700000244

FILED
01 NOV 15 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B9700000244

1. Name of Limited Partnership

Coolidge-Clarcona Equities Limited Partnership

400004687304--4
-11/19/01--01047--006
****150.00 ****150.00
400004687304--4
-11/19/01--01047--004
****876.25 ****876.25

2. Principal Office Address

One West Red Oak Lane

Suite, Apt. #, etc.

City & State

White Plains, New York

Zip
10604

Country
USA

3. Mailing Office Address

One West Red Oak Lane

Suite, Apt. #, etc.

City & State

White Plains, New York

Zip
10604

Country
USA

**4. Date Formed or Registered
To Do Business in Florida**

05-21-1997

5. FEI Number

13-3949288

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:

\$784,706.50

7b. Amount of Capital Contributions in FLORIDA to date:

\$784,706.50

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.

8. Name and Address of Current Registered Agent

Name

W. Scott Callahan

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

37 North Orange Avenue

Suite, Apt. #, Etc.

Suite 200

City

Orlando

State
FL

Zip Code
32801

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)

DATE 11/14/01

**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**

Coolidge-Clarcona Realty Corp. One West Red Oak Lane

White Plains, NY 10604

F97000002702

CERT
Adm
AR
AR SUPP

8.75
500.00
437.50
88.75

REINSTATEMENT 2001

400004687304--4
-11/19/01--01047--005
*****8.75 *****8.75

\$ 1035.00

(Signature)

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

DATE

11/13/01

Typed or Printed Name of General Partner Signing Form Theodore Sannella, Vice President

Telephone Number 1-914-694-6070

CR2E039 (8/01)



ACCOUNT NO. : 072100000032

REFERENCE : 306708 7107883

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : July 30, 2001

ORDER TIME : 10:58 AM

ORDER NO. : 306708-015

CUSTOMER NO: 7107883

CUSTOMER: W. Scott Callahan, Esq
Stump Storey & Callahan, P.a.
37 North Orange Ave.
Suite 200
Orlando, FL 32801

DOMESTIC FILINGS

NAME: COOLIDGE-CLARCONA EQUITIES
LIMITED PARTNERSHIP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____