

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Kathleen Harris Secretary of State DIVISION OF CORPORATIONS		B98000000170		FILED 00 DEC -4 PM 5:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # B98000000170							
1. Name of Limited Partnership Blackack Daytona Hotel, Limited Partnership 9/22/2000							
2. Principal Office Address 450 Park Avenue Suite, Apt. #, etc. 29th Floor City & State New York, New York Zip 10022 Country				3. Mailing Office Address 450 Park Avenue Suite, Apt. #, etc. 29th Floor City & State New York, New York Zip 10022 Country			
4. Date Formed or Registered To Do Business in Florida 01/08/98							
5. FEI Number 13-3989193 Applied For Not Applicable							
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status							
7a. Capital Contributions as shown on Record: \$1,000.00							
7b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00							
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301							
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) <u>BRIAN COURTNEY, ASST. V.P.</u> DATE <u>11/22/2000</u>							
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	
Blackack Capital Partners, LP		450 Park Avenue 29th Floor		New York, New York 10022		B98000000168 300003500133-5 -12/13/00 -01088-003 ****641.25 ****641.25	
REINSTATEMENT 2000 11/15							
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 660, Florida Statutes. SIGNATURE <u>[Signature]</u> DATE <u>11/16/00</u> Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____							

CR2E039 (11/99)