

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -6 PM 4:36

DOCUMENT # P96000098628

1. Corporation Name

Rislake General Partner Corporation

2. Principal Office Address

501 116th Avenue North

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

Zip

33716

Country

Pinellas

3. Mailing Office Address

24500 Chagrin Blvd. #200

Suite, Apt. #, etc.

#200

City & State

Beachwood, Ohio

Zip

44122

Country

Cuyahoga

4. Date Incorporated or Qualified
To Do Business in Florida

12/3/96

5. FEI Number

59-3413990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William B. Risman

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

501 116th Avenue North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33716

000004725730-2
-12/14/01-01007-013
***158.75 ***158.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date December 5, 2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CSD	William B. Risman	24500 Chagrin Blvd, #200	Beachwood, OH 44122
PTD	Robert G. Risman	24500 Chagrin Blvd, #200	Beachwood, OH 44122
VPD	Kathy J. Risman	24500 Chagrin Blvd, #200	Beachwood, OH 44122

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Risman, CSD 12/5/01

Date

Daytime Phone #

(216) 464-5130

CR2E081 (9/00)

RISLAKE GENERAL PARTNER CORPORATION

24500 Chagrin Boulevard, Suite 200
Beachwood, Ohio 44122
(216) 464-5130 - FAX (216) 360-0799

December 5, 2001

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Via Federal Express Delivery

Re: Corporation Reinstatement

Ladies/Gentlemen:

Enclosed is the Corporation Reinstatement for Rislake General Partner Corporation.

I am at this time requesting that the reinstatement fee be waived as we did not receive the Annual Report that was to be filed with your office. This resulted in an Administrative Dissolution. Prior to this we have filed all our reports in a timely manner.

Also enclosed is a check in the amount of \$158.75 which includes the filing fees and request for certificate of status.

Very truly yours,



William B. Risman
Chairman of the Board

WBR/dm
Enclosures