21,432.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 16 PM 3:53

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

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

A04313

DOCUMENT # A04313

1. Name of Limited Partnership

Naples Dinner Theatre Associates, Ltd. 7/22/77

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Florida Office Address	4. Date First Registered To Do Business in Florida
985 Aqua Circle	985 Aqua Circle	May 15, 1975
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 59-1699933
City & State: Naples, FL	City & State: Naples, FL	Applied For / No. Applicable
Zip: 34102 Country: USA	Zip: 34102 Country: USA	6. CERTIFICATE OF STATUS DESIRED X ($8.75 Additional Fee required for a Certificate of Status)
		7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: $640,000.00

8b. Amount of Capital Contributions in FLORIDA to date: $640,000.00

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): $68.75 for each year due this office beginning with 1992 calendar year.
3) Penalty Fee(s): $500 penalty fee for each year return 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.

9. Name and Address of Current Registered Agent:

Julius Fiske
985 Aqua Circle
Naples, FL 34101

10. If changed, new registered agent/office:

Name: CLASP INC.
Street Address (P.O. Box Number is Not Acceptable): c/o Cummings & Lockwood, 3001 N. Tamiami Trail
Suite, Apt. #, etc.
City: Naples FL Zip Code: 34103

10a. Pursuant to the provisions of sections 620.1901 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 as registered agent. I am familiar with, and accept the obligations of, section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): CLASP, INC. by Cathy S. Reiman, VP Cathy S. Reiman, V.P. DATE 6/14/99

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 Partners	Address of Each General Partner (Do NOT use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Richard D. Fiske, as co-trustee and Helen S. Fiske Anderson, as co-trustee for THE JOHNSON TRUST INDENTURE DATED August 19, 1971	985 Aqua Circle	Naples, FL 34102	n/a

PENALTY 8,000.00
AR 12,687.50
ARSUPP 710.00
RA FEE 35.00
21,432.50

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REINSTATEMENT 1977-1999

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)(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: Richard D. Fiske Helen S. Fiske Anderson DATE 6/14/99

Typed or Printed Name of General Partner Signing Form: Richard D. Fiske, co-trustee Telephone Number: