

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

2001 DEC 28 PM 12:46

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # *A99000000/81*

1. Name of Limited Partnership

ALLIGATOR ALLEY FILM, LTD.

2. Principal Office Address

*SUITE 414
801 NORTH MAGNOLIA AVE*

Suite, Apt. #, etc.

SUITE 414

City & State

ORLANDO, FL

Zip

32803

Country

ORANGE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Formed or Registered
To Do Business in Florida

*JAN
JAN 9, 1999*

5. FEI Number

59-3579974

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:

\$150,000

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

*SAME, BUT, SPENT ON MOVIE - NOT
MARKETED FOR ASSETS*

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

JACK B. NICHOLS

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

801 N. MAGNOLIA AVE

Suite, Apt. #, Etc.

414

City

ORLANDO

State

FL

Zip Code

32803

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

**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)

JACK B. NICHOLS

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

*801 N. MAGNOLIA AVE.
SUITE 414
ORLANDO, FL 32803*

City, State and Zip Code

ORLANDO, FL 32803

10a. Registration
Document Number

*700004778327-2
-01/16/02--01051--004
***1026.25 ***1026.25*

REINSTATEMENT

SL

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I 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

Jack B. Nichols

DATE *12-21-01*

Typed or Printed Name of General Partner Signing Form

JACK B. NICHOLS

Telephone Number

407-841-8823

CR2E039 (9/01)