

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A99000000921

1. Name of Limited Partnership

Andrew A. Allen Family Limited Partnership

2. Registered Office Address, Mailing Office Address  
10 E. Spanish Town Court

P.O. Box 611187

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Panama City Beach, FL

City & State  
Rosemary Beach, FL

32413

USA

32461

USA

8. Name and Address of Current Registered Agent

Andrew A. Allen

10 E. SPANISH TOWN COURT

PANAMA CITY BEACH, FL 32413

State  
FL

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

DATE 04/25/2007

**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

Allen Holdings Corporation

10 E. Spanish Town Court

Panama City Beach, FL  
32413

P99000049149

800101620159  
05/04/07--01056--002 \*\*2000.00

REINSTATEMENT

2004-2007

**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 exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. 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

4/25/07

Typed or Printed Name of General Partner Signing Form

Andrew A. Allen

Telephone Number

678.491.4844

**FILED**  
07 APR 27 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

CR2E039 (1/07)

4. Date Formed or Registered June 9, 1999  
To Do Business in Florida

65-0935252

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. FEES:**

**Filing Fee(s):** \$411.25 for each year due this office.

**Supplemental Fee(s):** \$88.75 for each year due this office.

**Penalty Fee(s):** \$500 for each year or part thereof limited  
partnership revoked on our records.

☒ A \$500 penalty is due for each year or part thereof the entity's  
certificate of authority was revoked on our records, except in  
circumstances which the entity did not receive the prior notices.  
By checking this box, you are certifying the prior notices were not  
received and requesting the \$500 penalty fee(s) be waived.