

B00000000195

APPROVED
AND
FILED
T-346 P. 02/02 IF-246

1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAY -7 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2002

2003

REINSTATEMENT

DOCUMENT # B00000000195

1. Name of Limited Partnership
ALPINE VENTURE CAPITAL PARTNERS LP

2. Principal Office Address One North Clematis Street		3. Mailing Office Address One North Clematis Street	
Suite, Apt # etc Suite 510		Suite, Apt # etc Suite 510	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33401	Country USA	Zip 33401	Country USA

4. Date Partner or Registered To Do Business in Florida	06/23/2000
5. FEI Number 65-0954244	Applied For ☐ Not Applicable ☒
6. CERTIFICATE OF STATUS DESIRED ☐	
7a. Capital Contributions as shown on Record	20,000,000
7b. Amount of Capital Contributions in Florida to date	20,000,000

8. Name and Address of Current Registered Agent

NAME
American Information Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
One Southeast Third Avenue

Suite, Apt #, Etc
28th Floor

City
Miami

State
FL

Zip Code
33131

FEES:

1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 7a, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2) Supplemental Fee: \$69.75 per year after the office, beginning with 1992 calendar year.

3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent made if the amount entered in 7a is greater than amount entered in 7b. A Supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. I, the undersigned, certify that the information supplied with this filing is true and correct to the best of my knowledge and belief, and that the information supplied is a true and correct copy of the information as it appears in the records of the Department of State, and that the information supplied is a true and correct copy of the information as it appears in the records of the Department of State, and that the information supplied is a true and correct copy of the information as it appears in the records of the Department of State.

SIGNATURE (Required Note: Accepting responsibility)
Stephen J. Warner DATE **5/4/03**

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 P.O. Box Numbers)	City, State and Zip Code	10a. Registration Document Num. per
Alpine Venture Capital Corp., n/k/a Crossbow Venture Partners Corp. <i>12-10-02 name changed</i>	One North Clematis Street, Suite 510	West Palm Beach Florida 33401	P99000072057 <i>JB</i>

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 true and correct to the best of my knowledge and belief, and that the information supplied is a true and correct copy of the information as it appears in the records of the Department of State, and that the information supplied is a true and correct copy of the information as it appears in the records of the Department of State, and that the information supplied is a true and correct copy of the information as it appears in the records of the Department of State.

SIGNATURE *Stephen J. Warner* DATE **4/4/03**

Telephone Number **561-838-9005**

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A. (FT. LAUDERDALE)
Account Number : I19980000010
Phone : (954)463-2700
Fax Number : (954)463-2224

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LIMITED PARTNERSHIP REINSTATEMENT

ALPINE VENTURE CAPITAL PARTNERS LP

Certificate of Status	0
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