

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -1 PM 5:08

DOCUMENT # P92000005807

1. Corporation Name

AMERICAN FILM PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

C/O DARLENE A SPEZZI  
100 WEST COLONIAL DR  
ORLANDO FL 32801  
US

100 W. COLONIAL DR.  
ORLANDO FL 32801  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/18/1992

5. FEI Number

59-3173722

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ALMIHDAR, ALAWI	100 W. COLONIAL DR.	ORLANDO FL 32801
D	SPEZZI, DARLENE	100 W. COLONIAL DR.	ORLANDO FL 32801

400003500314--0  
-12/13/00--01097--017  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABELY, GARY S.  
412 LAKE HOWELL ROAD  
MAITLAND FL 32751

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/28/00

11. 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)(l), 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 REQUIRED  
Darlene Spezzi

AD  
11/29/00 (407) 422-8358  
Date Daytime Phone #



Spezzi Properties, Inc.  
100 West Colonial Drive  
Orlando, Florida 32801  
(407) 422-8358

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November 28, 2000

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Dear Sirs:

Per my conversation with your office today, I am enclosing my check #3013 in the amount of \$150.00. I am asking that you waive the late fee. We never received the original application for the year. We share an office with two other companies and do not receive very much mail. The postman may not have recognized the company name and the application was never delivered. I have made a notation on the address: % Spezzi Properties, Inc.

Thanking you in advance.

Best Regards,

Toni Vesce  
Property Manager

Enclosure