

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

182

**LIMITED
PARTNERSHIP
REINSTATEMENT**

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

04 FEB 16 AM 11:56

A96000001738

W-02/26/04

DOCUMENT # **A96000001738**

1. Name of Limited Partnership
**THE RAPISARDI FAMILY LIMITED
PARTNERSHIP
REINSTATEMENT 2003-2004**

2. Principal Office Address
2460 WESTMONT PLACE
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

4. Date Formed or Registered
To Do Business in Florida
9/16/96

5. FEI Number
65-0711349

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

7a. Capital Contributions as shown on Record:
3,920,000

7b. Amount of Capital Contributions in FLORIDA to date:
3,920,000

8. Name and Address of Current Registered Agent
Name: **John R. Rapisardi**
Street Address (P.O. Box Number is Not Acceptable)
2460 WESTMONT PLACE
Suite, Apt. #, Etc.

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.

10. Name(s) of General Partner(s)
**RAPISARDI, JOHN
13763 N.W. 18TH COURT
PEMBROKE PINES, FL 33028
RAPISARDI, THERESA
13763 N.W. 18TH COURT
PEMBROKE PINES, FL 33028**

10a. Registration Document Number
**000028782210
02/16/04--01012--017 **1061.25**

11. 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 **John R. Rapisardi**

DATE **1/16/04**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

REINSTATEMENT **2003
2004**

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

10. Name(s) of General Partner(s)
**RAPISARDI, JOHN
13763 N.W. 18TH COURT
PEMBROKE PINES, FL 33028
RAPISARDI, THERESA
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SIGNATURE **John R. Rapisardi**

DATE **1/16/04**

Typed or Printed Name of General Partner Signing Form **John R. Rapisardi** Telephone Number **561-333-6826**

282

Louis John Claps, C.P.A. & Associate, P.A.
Certified Public Accountant
10100 West Sample Road
Suite 327
Coral Springs, Florida 33065

(954) - 846 - 1040

Fax (954) - 846 - 1684

January 9, 2003

Division of Corporations
Attn: Partnership Section
P.O. Box 6327
Tallahassee, FL 32314

Re: The Rapisardi Family Limited Partnership

04 FEB 16 AM 11:26
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dear Sir or Madam:

With regard to the above captioned Partnership and the attached Limited Partnership Reinstatement, the General Partner respectfully requests abatement of the \$ 500.00 Penalty Fee associated with the reinstatement of this partnership based on the following.

The Partnership (General Partner) relocated from his former Pembroke Pines address to that shown on the reinstatement. The 2003 annual report (renewal) was never received. The general partner was unaware of the renewal requirement absent the annual renewal form. The involuntary revocation was discovered by our office during the downloading of 2004 annual reports for our clients.

1661.25

Enclosed please find a check in the amount of \$ 526.25 for the 2003 renewal. Thank you in advance for consideration of this request for the abatement of the reinstatement penalty fee.

Sincerely,


Louis John Claps, C.P.A.