

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1982

04 FEB 16 AM 11:26

DOCUMENT # **A96000001738**

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

2. Principal Office Address
2460 WESTMONT PLACE
Suite, Apt. #, etc.
City & State
Royal Palm Beach, FL.
Zip
33411 Country

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

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

5. FEI Number
65-0711349 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:
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.
City
Royal Palm Beach State
FL Zip Code
33411

FEES:

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.

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) *John R. Rapisardi* DATE **1/19/04**

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
RAPISARDI, JOHN 13763 N.W. 18TH COURT PEMBROKE PINES, FL 33028 RAPISARDI, THERESA. 13763 N.W. 18TH COURT PEMBROKE PINES, FL 33028		000028782210 02/16/04--01012--017 **1061.25	2003 2004

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 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 **1/19/04**

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

CR2E039 (10/02)

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

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

Re: The Rapisardi Family Limited Partnership

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.

Enclosed please find a check in the amount of \$ ^{1661.25}~~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.