

APPLICATION FOR  
REINSTATEMENT  
FOR



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 30 AM 9:14

LIMITED PARTNERSHIP  
Annual Report  
DOCUMENT # A16000001852

1. Name of Limited Partnership

AUTO SPA LIMITED PARTNERSHIP NO. 1

DO NOT WRITE IN THIS SPACE

2. Mailing Address

8400 N. UNIVERSITY DR.

Suite, Apt. #, etc.

109

City & State

TAMARAC, FLORIDA

Zip

33321

Country

USA

3. Principal Office Address

4500 W. COMMERCIAL BLVD.

Suite, Apt. #, etc.

City & State

TAMARAC, FLORIDA

Zip

33319

Country

USA

4. Date Filing Due (Required To Be Filled in by Filer)

10/02/96

5. FEE Number

65-0701102

Application

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. State or Country of Incorporation

FLORIDA

8a. Capital Contributions as Shown on Record

\$1,000.00

8b. Amount of Capital Contributions in FLORIDA to date

FEES:

- 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- 2) Supplemental Fee(s): \$58.75 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 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

BRUCE SCHREIBER  
8400 N. UNIVERSITY DR.  
TAMARAC, FL. 33321

10. If changed, new registered agent office:

Name

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

Suite, Apt. #, etc.

City

FL

10a. 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)

DATE

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

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
AUTO SPA OF TAMARAC, INC.	8400 N. UNIVERSITY DR.	TAMARAC, FL. 33321	P95000017643

6000002871936--1  
-05/11/99--01085--006  
\*\*\*\*141.25 \*\*\*\*141.25

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 effect as if made under oath. I further certify that I am a General Partner of the limited partnership, partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Bruce Schreiber

DATE: 4/26/99

Typed or Printed Name of General Partner Signing Form: BRUCE SCHREIBER

Telephone Number: 954-722-2400

CP2E039 (12/96)

②

**AUTO SPA LIMITED PARTNERSHIP NO. 1**

8400 N. UNIVERSITY DRIVE #109  
TAMARAC, FLORIDA 33321

TEL. (954) 722-8400

FAX: (954) 720-9191

April 26, 1999

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Reinstatement of Limited Partnership

Dear Sir/Madam:

This letter is to explain why the 1999 Limited Partnership Annual Report and filing fees were never sent for the Auto Spa Limited Partnership No. 1.

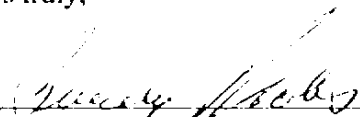
All mail for the above mentioned company is normally received at its Corporate Office located at: 8400 N. University Drive, Suite 109, Tamarac, Florida 33321-1752. The address in which I received the revocation was the facility which is located at: 4500 W. Commercial Blvd., Tamarac, Florida 33319. I am attaching a copy of our 1998 Limited Partnership Annual Report which requests that the mailing address be changed to the University Drive address. Unfortunately, this was not done.

I called the telephone number listed on your letter, Monday, April 26, 1999, and spoke with Tammy who suggested that I include this letter of explanation, as well as the Application for Reinstatement for Limited Partnership and our check in the amount of \$141.25 for the Annual Report.

I would like to ask again that you change the address on the Annual Report from the facility to the corporate office address so this will not happen in the future. Anything you can do to waive any penalties and late fees for this limited partnership would be most appreciative.

Thanking you in advance for your consideration and cooperation in this matter.

Yours truly,

Per:   
Beverly Rooks, Administrator

enclosures