

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 18 PM 1:29

DOCUMENT # **A98000001185**

1. Name of Limited Partnership

**THE BROOKS PARTNERSHIP, LTD.**

2. Principal Office Address

**308 ALICANTE**

Suite, Apt. #, etc.

City & State

**JUNO BEACH**

Zip

**FL**

Country

**USA**

3. Mailing Office Address

**32255 NORTHWESTERN HWY**

Suite, Apt. #, etc.

**#254**

City & State

**FARMINGTON HILLS, MI**

Zip

**48334**

Country

**USA**

4. Date Formed or Registered

To Do Business in Florida **5/12/1998**

5. FEI Number

**65-0842781**

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:

**1,000.00**

7b. 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 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.

Name

**DONALD R. BROOKS**

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

**308 ALICANTE**

Suite, Apt. #, Etc.

City

**JUNO BEACH**

State

**FL**

Zip Code

**33408**

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)

DATE

**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

**DONALD R. BROOKS**

**308 ALICANTE**

**JUNO BEACH, FL 33408**

**A9800000 1185**

**DIANE K. BROOKS**

**308 ALICANTE**

**JUNO BEACH, FL 33408**

**A9800000 1185**

**REINSTATEMENT**

000023957880  
10/21/03--01006--006 \*\*2105.00

OP \$1,487.07

**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

DATE

9/30/03

Typed or Printed Name of General Partner Signing Form

**Donald R. Brooks**

Telephone Number **748-539-9100**

2092



# REHMANN ROBSON

*Certified Public Accountants*

A member of THE REHMANN GROUP

Tax

September 17, 2003

Consulting

*Federal*

*State & Local*

*International*

*Estate & Gift*

Florida Department of State

Secretary of State

Division of Corporations

Attn: Partnership Section

PO Box 6327

Tallahassee, FL 32314

Return Preparation

Audit Representation

Florida Department of State—Tallahassee, Florida

Accounting

Enclosed is the completed Limited Partnership Reinstatement for The Brooks Partnership, Ltd., as well as a check for the delinquent fees owed for the Annual Reports that were not filed timely.

Accounting System

*Design*

Monthly/Quarterly

*Financial*

*Statements*

We request that the penalty of \$500 be abated on grounds that our client had reasonable cause for not filing the Annual Reports.

Payroll and

*Payroll Tax*

*Returns*

This particular client was originally serviced by a CPA at our firm who has since left. Generally, our firm does not prepare or file Annual Reports for our clients. However, in this case, the CPA who formerly serviced them did. Additionally, the Registered Agent relocated around the same time that their original service provider departed our firm. As a result, he did not ever receive the forms that you sent, or any other correspondence regarding The Brooks Partnership.

Assurance

*Financial*

*Statement*

*Audits*

Unfortunately, there was nothing in our files that alerted us to the fact that our firm had been preparing the Annual Reports, so we did not do so.

Internal Audits

The lapse in filing was merely due to coinciding events that were out of the control of The Brooks Partnership, and until recently, they did not know that there was a problem.

Agreed Upon

*Procedures*

Once they became aware of the problem, they immediately contacted us and requested that we assist them in rectifying the situation.

Information

*Systems*

*Procedures*

If you have any questions, please contact me at (248) 952-2676.

Scott B. Mudford, BA, B Comm,  
Certified Management Accountant  
Certified in Financial Management  
Certified Public Accountant

Sincerely,

Scott Mudford, CMA, CFM, CPA

5750 New King Street

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Troy, MI 48098

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