

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # B98000000715

1. Name of Limited Partnership

RSP ASSOCIATES, L.P.

99 JUN 28 PM 2:04

DO NOT WRITE IN THIS SPACE

2. Mailing Address
42 BAYVIEW AVE.

Suite, Apt. #, etc.

3. Principal Office Address
4633 HAZELTON LANE

Suite, Apt. #, etc.

4. Date Formed or Registered
To Do Business in Florida 12/23/98

5. FEI Number

11-3479988

Added For

Not Applicable

City & State
MANHASSET, NY

Zip

Country

11030

USA

City & State
LAKEWORTH, FL

Zip

Country

33467

USA

6. CERTIFICATE OF STATUS DESIRED ☐ Check one: (1) I am interested in a certificate of status for a corporation or partnership.

7. State or Country of Formation NEW YORK

8a. Capital Contributions as Shown
on Record

\$250

8b. Amount of Capital Contributions in
FLORIDA to date

\$ 0

FEES: 1.)

Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8a, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$86.75 for each year due this office, beginning with 1992 calendar year

3.) Penalty Fee(s): \$500 penalty fee for each year (up to 3) in delinquency

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental amendment must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION, FL 33324

10. If changed, new registered agent/office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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

RUBIN PIKUS

5 LAVENDERS CT.

MANHASSET, NY 11030

1000002524751-6
-07/07/99--01033--003
***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. Further, I 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

RUBIN PIKUS

DATE 6/23/99

Typed or Printed Name of General Partner Signing Form

Telephone Number 516-869-1240

2

KAHN, HOFFMAN, NONENMACHER & HOCHMAN, LLP
Certified Public Accountants

GARY KAHN, CPA
ENID HOFFMAN, CPA
JOHN NONENMACHER, CPA
MICHAEL HOCHMAN, CPA
RICHARD MCGUINNESS, CPA
LESTER NAPACH, CPA

10 Esquire Road
New City, New York 10956

914-634-5300
212-749-3800
718-652-3100
201-391-1730
FAX: 914-634-5409

June 23, 1999

Division of Corporations
Attn: Partnership Section
P.O. Box 6327
Tallahassee, FL 32311

RE: RSP Associates, LP
EIN: 11-3479988
FYE: 12/31/98

Dear Sir/Madam:

We are the accountants for the above referenced partnership and are responding to the attached notice of revocation.

Enclosed, please find the signed application for reinstatement along with the filing fee of \$141.25. Please process this application and inform the taxpayer of its restoration to transact business directly.

With regard to the late filing penalty, please be advised of the following: As per your notice, the only time the \$500 penalty can be waived is when the 60 day notice to revoke has not been received. Our partnership was certified to do business on December 23, 1998. Actual operations started on or about January 4, 1999. No correspondence was received from the state of Florida prior to the revocation.

In light of the above facts, we are respectfully requesting the \$500 penalty be abated and the taxpayers account be restored to a zero balance.

③

Page 2
June 23, 1999

If you have any questions or need additional information, please contact my office.

Very truly yours,

A handwritten signature in cursive script that reads "Marqus White".

MARQUS WHITE
MANAGER

MW/PK
CC: Rubin Pikus