

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

Pg. 1 of 2

APPLICATION
FOR
REINSTATEMENT



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

00 NOV 13 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000015008**

1. Corporation Name

BYMEL AND ASSOCIATES, INC.

Principal Place of Business

2118 NE 56 PLACE
FT LAUDERDALE FL 33308

Mailing Address

2118 NE 56 PLACE
FT LAUDERDALE FL 33308



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1997

5. FEI Number

65-0751630

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	BYMEL, MARY	2118 NE 56 PLACE	FT LAUDERDALE FL 33308
DV	BYMEL, HOWARD	2118 NE 56TH PLACE	FT LAUDERDALE FL 33308
			900003488459--4 -12/05/00-01117-013 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

~~BYMEL, MARY~~
~~2118 NE 56 PLACE~~
~~FT LAUDERDALE FL 33308~~

9. Name and Address of New Registered Agent

Name HOWARD BYMEL
Street Address (P.O. Box Number is Not Acceptable)
2118 NE 56th PLACE
Suite, Apt. #, Etc.
City FT LAUDERDALE State FL Zip Code 33308

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

HOWARD BYMEL
[Signature]
REGISTERED AGENT MUST SIGN

VICE PRES.

Date 11/10/2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

HOWARD BYMEL
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRES.

Date 11/10/2000

Daytime Phone # (954) 491-8700

CR2E040 (8/00)

Pg 2 of 2

P97000015008

Bymel and Associates, Inc.
2118 N.E. 56th Place
Fort Lauderdale, FL 33308

November 10, 2000

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

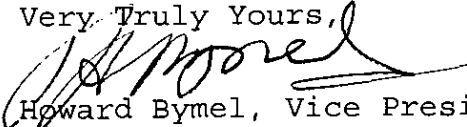
Re: Bymel and Associates, Inc. (P97000015008) Annual Report

Dear Sir or Madam,

We have received an application for reinstatement from your office requesting that we file an annual report and pay enormous additional fines and penalties. We have no record of having received an earlier notice. Had we received the earlier notice, we would have taken care of this right away. Therefore, we have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00, and for the certificate of status fee of \$8.75.

I am a seventy five year old taxpayer with a heart condition. I do my best to stay on top of these things, but honestly do not recall receiving any earlier notices.

Please accept our report and our payment as payment in full as we did not receive an earlier notice. Thank you for your consideration and cooperation in this matter. Thank you for your assistance.

Very Truly Yours,

Howard Bymel, Vice President