

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

99 OCT 25 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **841665**

1. Corporation Name

HERBERT S. NEWMAN & PARTNERS, PROFESSIONAL CORPORATION

Principal Place of Business

Mailing Address

300 YORK STREET
NEW HAVEN CT 06511

300 YORK STREET
NEW HAVEN CT 06511



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/20/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 06-0801699	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PTD	NEWMAN, HERBERT S.	12 ROUND HILL LANE	WOODBIDGE CT
SD	NEWMAN, EDNA L.	12 ROUND HILL LANE	WOODBIDGE CT
V D	SCHIFFER, JOSEPH C.	52 RIVERVIEW AVENUE	BRANFORD CT
V D	GODSHALL, ROBERT	238 ALDEN AVE.	NEW HAVEN CT
D	NEWMAN, NOEL	1 ELLIOT PLACE	FAIRFIELD CT
Assy Secy D	Terry, Phavis Rash, Michael	117 Northford Rd 24112 Townwalk Drive	Branford CT Hamden CT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BELL, OWEN
301 DANIA BEACH BOULEVARD
DANIA, FL. K 33004

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. **100003039971--0**
City **-11/09/99--01074--012**
*****150.00 ***150.00**
FL

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/99

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CR2004 (10/99)

HERBERT S. NEWMAN FAIA
JOSEPH C. SCHIFFER AIA
ROBERT GODSHALL AIA
A. MICHAEL RASO AIA
MAVIS B. TERRY
RICHARD G. MUNDAY AIA
CARL H. WIES AIA
HOWARD C. HEBEL AIA
PETER J. NEWMAN
JAMES L. ELMASRY AIA
GWEN WOOD EMERY
JOSEPH C. HUETHER AIA

HERBERT S. NEWMAN AND PARTNERS P.C.
ARCHITECTURE PLANNING INTERIOR DESIGN

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October 21, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sirs:

Enclosed please find a completed reinstatement form and a check for \$150.00 to reinstate our firm in the State of Florida.

Unfortunately, the original notice and second notice were never received by me. I am at a loss to try to understand why this happened as we are not a large corporation and all notices of this type are forwarded to me. I do understand now that it is the policy to require a filing by May 1st of each year and have set up a reminder for all future years so this will not happen again.

I respectfully request that the firm be reinstated this year.

Very truly yours,

Mavis B. Terry

Mavis B. Terry
Partner, Business Manager