

APPLICATION  
FOR



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

FILED

00 OCT 23 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K08467**

1. Corporation Name

**HAL PAUL ENTERPRIZES, INC.**

Principal Place of Business

Mailing Address

% HAL PAUL  
6700 S FLORIDA AVE #17  
LAKELAND FL 33813

% HAL PAUL  
6700 S FLORIDA AVE #17  
LAKELAND FL 33813

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

01/01/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2863412

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED I

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
V	PAUL, HAL	4925 FOXRUN	LAKELAND FL
P	PAUL, PATRICIA	4925 FOXRUN	LAKELAND FL

3000003457983 -6  
-11/09/00--01012--007  
\*\*\*\*150.00 \*\*\*\*150.00

00 UBR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAUL, HAL  
6700 S FLORIDA AVE  
SUITE 17  
LAKELAND FL 33813

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Signature of Hal Paul*  
REGISTERED AGENT MUST SIGN

Date

*Oct 19 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Signature of Patricia Paul*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Oct. 19 2000*  
863-644-2382

page 2 of

**Hal Paul Enterprizes, Inc.**

**6700 South Florida Avenue #17  
Lakeland, FL 33813**

**863-644-2382**

October 19, 2000

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

**RE: Corporate Renewal Form for the year 2000**

**Document # K08467**

Dear Sir or Madam:

We are writing to you today to ask that you abate the penalties for the late filing of the Corporation Renewal form with your office. This year we did not receive the annual form from your office for some unknown reason. Please check your records with the name and address shown above to be sure you have the correct name, spelling, and address of our Company.

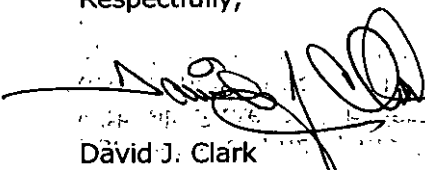
Hal Paul Enterprizes, Inc. has strived over the years we have been in business to comply with all State and Federal law. We have strived also to file on time any form or documentation necessary to comply with those State and Federal Laws. We believe we have been extremely successful in being on time and in compliance with the law, as our record would indicate. We have prided ourselves that it is an extremely rare occasion when we were late with a filing of a form or we were not in compliance with either a State or Federal law.

We have worked extremely hard to build this business to the point at which it is to lose our corporate status with your department. If we had received the Application for Renewal we would have definitely sent it with payment by the prescribed due dates which your office has set forth. Our name **IS** our business and we cannot afford to lose it.

It is with great hope that after prompt and careful attention in this matter you will agree with us, abate the penalties, and accept our check for the original amount due for renewal of \$150.00 enclosed with this letter.

If you need any further information or have any inquiries please feel free to call. We would like to settle this matter as promptly as possible. Our number is shown above. Thank you very much for your prompt and careful attention in this matter.

Respectfully,



David J. Clark  
Accountant