<u></u>	44	PLEAS	E READ	ALL INST	RUCTI	ONS BEFORE C	OMPLET	ING THIS F	ORM.	•	
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DOCUMENT # P32105 1. Corporation Name									DEC 14 P		
KODOS CORP.							SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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Principal Place of Business Malling					988		 	46 (M) 4 11 86) M 4 () 44 (4) I	kili Alāu Alāu Alāu au	en áidir Biáir sábr	
450 SEVEN	. HOCHBERG NTH AVENUE K NY 10123	G & CO. P.C. E		% Bloom. Hochberg & Co. P.C. 450 Seventh Avenue New York NY 10123							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.										· · · · · · · · · · · · · · · · · · ·	
New Principal Office Address, If Applicable Suite, Apt. #, etc.				New Mailing Office Address, if Applicable Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 12/14/1990				
City & State				City & State			5. FEI Number Applied For			 	
Zip Country				Zip		Country	8. \$9.75 A (10 m) is			Not Applicable	
7 Names	and Street		ach Officer and in		ido consoli	•		OF STATUS DESIRE		disade of Status	
7. Names and Street Addresses of Each Officer and/or Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo			h				
PSTD	D BAKER, EDWIN H				250 PARK AVENUE			4 NEW YORK NY			
AS ROSS, CORA D				250 PARK AVENUE				NEW YORK NY	'		
1							4000030777847				
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8. Name and Address of Current Registered Agent							A Name of di	Person of New Reg	-1-1		
Name							S. Name Grid A	Desire Of Ham Kel	listeled Agent		
CORPORATION SERVICE COMPANY 1201 HAYES STREET Street:							O. Box Number	ls Not Acceptable)	··	CASES 40	
TALLAHASSEE FL 32301 Sum										8	
						City			State Zip Co	xde	
10. I, being	appointed	the registered	agent of the abov	e named corpo	ration, am fa	amiliar with and accept the ob	ligations of Section	on 607.0505, F.S.	<u> </u>		
	Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date			
this rein: owed by	statement a the corpor	ipplication, the ation have bee	ctor or the receive reason for dissolen paid and the na	er or trustee em ution has been ames of individu	powered to eliminated, t	execute this application as pi the corporate name satisfies in this form do not qualify for a legal effect as if made under	the requirements an exemption und	of section 607 0401	OF 817 0401 F.S.	that all fees	
SIGNAT	URE:	SIGNATURE AN	D TYPED OR PRIN	L WO TED NAME OF S	U PO	A MICHAO MIC	usc 1	10/64 Date	V(V-Y) Daytime Pho LACT	1-21/L	

BLOOM HOCHBERG & CO., P. C.

CERTIFIED PUBLIC ACCOUNTANTS

450 SEVENTH AVENUE NEW YORK, N.Y. 10123

TELEPHONE (212) 244-2112 FAX (212) 629-5058

MICHAEL MILLER, CPA

November 8, 1999

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Ms. Michelle Milligam Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Ms. Milligam:

Pursuant to our recent conversation, I have received the "Notice of Administrative Dissolution or Revocation "packages you said I would be receiving. As I discussed with you, I represent twelve Florida corporations for which I filed the "1999 Profit Corporation Annual Reports" on a timely basis during April, 1999 which included the appropriate payments. Until the bookkeeper informed me in September, 1999, that these checks were outstanding did I realize that the tax returns were not received by your office (all mailed in one envelope). At that point, the following steps were taken:

- (1) Stopped payment on the twelve checks.
- (2) Issued the new checks enclosed.
- (3) Realized that the 2nd notices of these delinquent tax returns were filed in the tax files of these clients, as all blank tax forms routinely are.

I am enclosing copies of the original tax returns filed in April, 1999 and the reinstatement forms. I am also enclosing reissued fees of \$150 for each corporation. I am also requesting an abatement of the penalties, but would pay any interest assessed.

Thank you in advance for your cooperation in this matter.

Very truly yours,

BLOOM HOCHBERG & CO., P.C.

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Michael Miller, CPA