٠. ﴿	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FO	RM.		
API	PLICATION A	FLORIDA	A DEPARTMEI Katherine H	NT OF STATE arris		APPRO	() -D		
REIN	STATEMENT	/ D!	Secretary of S			99 DEC 14	DM C. CT		
DOCUMENT # P32265 1. Corporation Name					, , , , , , , , , , , , , , , , , , ,				
					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
SHEN	ANDOAH BREEN CORP	ORATION	l			7 (20)	, , , , , , , , , , , , , , , , , , , ,		
Principal P	lace of Business		i						
450 SEVENTH AVENUE 450 SEVE			M. HOCHBERG & CO., P.C. ENTH AVENUE RK NY 10123						
If above a	addresses are incorrect in any way, line thr	ough incorrect in	formation and enter	correction below.					
	incipal Office Address, If Applicable	New Mailing Office Address, If Applicable			4. Date incorporated or Qualified To Do Business in Florida 12/24/1990				
Suite, Apt.		Suite, Apt. #, etc.			5. FEI Number			Applied For	
City & State		City & State			6.	13-3353980		Not Applicable	
Zip 1	Country	Zip	Countr	У	CERTIFICATE	OF STATUS DESIRED		ut fice required at of Status	
	and Street Addresses of Each Officer and Name of Officers	or Director (Flo	Str	eet Address of Each					
Title(s)	and/or Directors 3			Officer and/or Director		City / State / Zip			
PSTD	BAKER, EDWIN H	250 PARK AVEN	250 PARK AVENUE		NEW YORK NY				
AS	ROSS, CORA D		250 PARK AVEN	WE	NEW YORK NY				
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<u>-</u>					11	00003C	9901081-	002 1	
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					KII VV				
	8. Name and Address of Current	Registered Age	int	Name	9. Name and	New Regi	stered Agent		
CORPORATION SERVICE COMPANY					O Boy Number	le Not Acceptable)		(868)	
1201 HAYES STREET					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.				
TALLAHASSEE FL 32301				- Colle, 7 p. 1 , 1 2 co.					
					tile steer of Break		State Zip Cod	•	
Signature of	g appointed the registered agent of the about	ove named corpo		nin and accept the ol	DIGETIONS OF SECU	on 007.0005, F.S.		1	
Registered	l AgentRI	EGISTERED AG	ENT MUST SIGN			Date			
this rein	y that I am an officer or director or the receinstatement application, the reason for dissipy the corporation have been pald and the application is true and accurate, and my significant or the second of the secon	olution has been names of individ	eliminated, the corp luals listed on this fo	orate name satisfies rm do not qualify for	the requirements an exemption un	of section 607,0401	or 617.0401, F.S., 1	that all fees	
CIONA	TUDE: All	to All	name L	A Merua	e UNIA	2 Highs	2/2-24	4-311	
SIGNA		INTED NAME OF	SIGNING OFFICER OR	DIRECTOR	or pirace	Date Date	Daytime Phone LKT	36	

BLOOM HOCHBERG & CO., P. C.

CERTIFIED PUBLIC ACCOUNTANTS

450 SEVENTH AVENUE NEW YORK, N.Y. IDI23

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

MICHAEL MILLER, CPA

November 8, 1999

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. Realized that the $2^{\rm nd}$ notices of these delinquent tax (3) 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

MM:ct