.) .	PLEASE READ	ALL INST	RUCTIO	NS BEFORE C	OMPLET	IN A THI RE	PRM.	
API	PLICATION OF		A DEPART Katherin	MENT OF STATE		FILED		
DEINIGTATEMENT. (************************************				Secretary of State		99 DEC 14 PM 5:31		
DOCUMENT # P32305 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
POINT	BEJAY CORP.			i				
Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·	4 (MONING) A	20 mil 1100	4	
450 SEVEN NEW YORK	MA HOCHBERG & CO., P.C. ITH AVENUE (NY 10123	450 SEVENT NEW YORK	C/O BLOOM HOCHBERG & CO., P.C. 450 SEVENTH AVENUE NEW YORK NY 10123					
	ddresses are incorrect in any way, line the ncipal Office Address, If Applicable			enter correction below. ess, if Applicable	Date Incorp To Do Busin	orated or Qualified less in Florida	40/44/4000	
Suite, Apt.	#, etc.	Suite, Apt. #,	Sulte, Apt. #, etc.			7	12/14/1990 Applied For	
City & State		City & State			6.	13-3219623	Not Applicable	
Zip	Country	Zip		Country	<u> </u>	OF STATUS DESIRED	S8.75 Adultio (at Fig. 1) pired for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (F Name of Officers and/or Directors			orida nonprofit corporations must list at lea Street Address of Each Officer and/or Director			<u> </u>	City / State / Zip	
PTSD	2			250 PARK AVENUE		NEW YORK NY		
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8. Name and Address of Current Registered Agent Name					9. Name and A	Address of New Regi	tered Agent	
	ORATION SERVICE COMPANY HAYES STREET		Street Address (F	O. Box Number	is Not Acceptable)			
TALLAHASSEE FL 32301				Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
				City			State Zip Code	
	appointed the registered agent of the ab	ove named corpo	oration, am fami	Hiar with and accept the ob	ligations of Secti	on 607.0505, F.S.		
Signature o Registered	Agent	EGISTERED AG	ENT MUST SIG	3N		Date		
this rein owed by	that I am an officer or director or the rece statement application, the reason for diss y the corporation have been paid and the application is true and accurate, and my s	olution has been names of individ	eliminated, the luals listed on th	corporate name satisfies his form do not qualify for pal effect as if made under	the requirements an exemption und oath.	of section 607.0401 c	or 617.0401, F.S., that all fees	
SIGNAT		INTED NAME OF	WALL S	R OR DIRECTOR	MNER	/V/10/44 Bate	Daytime Phone #	

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

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.

Michael Miller, CPA

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