<b>~</b> *	PLEAS	e read a	ALL INST	RUCTIO	NS BEFORE C	OMPLET	APP ING THIS F	HUVEU	
APPLICATION FLORIDA DEPARTMENT OF STATE							<b>}</b> -	ILED	
FOR Secretary					of State	99 DEC 14 PH 7: 11			
DOCUMENT # P39918						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Corporation Name							TALLAMA	SOCE, LEXITOR	
MERIK	IUS INC.								
Principal Place of Business Mailing Addr				ess					
C/O BLOO 450 SEVEN NEW YORK			C/O BLOOM HOCH BERG & CO P.C. 450 SEVENTH AVE. NEW YORK NY 10123						
If above addresses are incorrect in any way, line through incorrect in 2 New Principal Office Address, if Applicable 3. New Maili					enter correction below. ess, if Applicable	4. Date Incorp	orated or Qualified		$\overline{}$
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. FEI Number		08/04/1992 Applied Fo	
City & State			City & State			13-3553874 Not Applicable			
Zip	Country		Zip		Country	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Additional Frence for a Craffic atout Sta	pared tus
7. Names			or Director (Flor	rida nonprofit c	orporations must list at lea Street Address of Each				
Title (s)	Name of Officers and/or Directors 2			3	Officer and/or Director		4	City / State / Zip	
AS	AS ROSS, CORA D			250 PARK AVE			NEW YORK NY		
PTSD	BAKER, EDWIN H.			250 PARK	AVENUE	NEW YORK NY			
- 1		<u></u> .		<u> </u>				~===	
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Name and Address of Current Registered Agent     Name						9. Name and A	Address of New Regi	istered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC.					Street Address (P	O. Box Number	is Not Acceptable 8		\$
1201 HAYS STREET SUITE 105					Sulte, Apt. #, Etc.		1100		969200
TALLAHASSEE FL 32301				City				State Zip Code	$\dashv$
10. I, being	appointed the registered	agent of the abov	re named corpo	ration, am fam	liar with and accept the ob	oligations of Secti	on 697:0505, F.S.	FL	$\dashv$
Signature o				de			Date		
		RE	GISTERED AG	ENT MUST SIG	N N				_
this rein owed by	statement application, the y the corporation have bee	reason for dissol on paid and the n	ution has been ames of individ	eliminated, the uals listed on t	corporate name satisfies	the requirements an exemption un	of section 607,0401	I further certify that when filin or 617.0401, F.S., that all fee (I), F.S. The information indic	s
SIGNAT	TURE: SIGNATURE AN	TYPED OR PRIM		OU POL	MICHAEL ,	Mua	12/10/49	>/1- \( \sqrt{\tau}\)/\( \sqrt{\tau}\)  Daytime Phone #  Lar \( \sqrt{\tau}\)	
	JUNATURE AR	ON FRIE		v viriye			-414	ear rox	

## BLOOM HOCHBERG & CO., P. C.

CERTIFIED PUBLIC ACCOUNTANTS

450 SEVENTH AVENUE NEW YORK, N.Y. 10123

TELEPHONE (2)2) 244-2112 FAX (2)2) 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 2<sup>nd</sup> 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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