

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

105
FILED
Oct 16, 2000 8:00 A.M.
Secretary of State

DOCUMENT # **P93000075933**

1. Corporation Name

AMY KIRSCHNER HYMAN, P.A., ATTORNEYS AT LAW

Principal Place of Business

Mailing Address

7737 N. UNIVERSITY DR.
SUITE 104
TAMARAC FL 33321

7737 N. UNIVERSITY DR.
SUITE 104
TAMARAC FL 33321



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

10/25/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0453643

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HYMAN, AMY K	7737 N. UNIVERSITY DR., #104	TAMARAC FL

02/15/00 90049 039 \$ 150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HYMAN, AMY K
7737 N. UNIVERSITY DR.
SUITE 104
TAMARAC FL 33321

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]
REGISTERED AGENT MUST SIGN

Date

10/11/00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Amy June Kirschner Hyman
Registered Agent & Director

Date

10/11/00

Daytime Phone #

954-726-6407

CR2E040 (8/00)

AMY KIRSCHNER HYMAN, P.A.

Attorney at Law

282

7737 North University Drive
Suite 104
Tamarac, Florida 33321

(954) 726-6407

October 12, 2000

Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Amy Kirschner Hyman, P.A.

Dear Ladies and Gentlemen:
(ATTN: KATHY ASHTON)

As we discussed today, I was really shocked and unhappy to open the notice today reflecting that the corporation has been involuntarily dissolved.

As we discussed, I contacted the Secretary of State months ago. At that time, I indicated that any change in the renewal application was unintentional, inadvertent and representing nothing more than a errant pencil/pen mark!

Although I believe that a letter asking for reinstatement without high fees would be truthfully submitted, I have decided that just getting this corrected without additional delays makes the most business sense.

Therefore, please see our enclosed check for \$600.

I understand from our conversation:

1. the reinstatement will take effect immediately, probably October 16; and
2. you explained that once reinstated, it will be "as if the corporation was never dissolved."

Thank you for your assistance.

Very truly yours,

AMY KIRSCHNER HYMAN
For the Firm

✓
enc: application
check