			PUCTIONS			NG THIS FORM	\mathcal{D}
APF	PLEASE REA PLICATION FOR	FLORID	A DEPARTMEN Katherine Ha	ni of State arris		NG THIS FORM. APPHOYED AND FILED	P9.1017
				SION OF CORPORATIONS		OV 13 PH 1:34	• -
DOCUMENT # P97000015008 1. Corporation Name						RETARY OF STATE AHASSEE, FLORIDA	
BYMEL AND ASSOCIATES, INC.					TALL	AHASSEE, FLORIDA	
Principal Pla	ace of Business	858		-			
2118 NE 56 PLACE 2118 NE 56 FT LAUDERDALE FL 33308 FT LAUDERD			PLACE DALE FL 33308				
If above addresses are incorrect in any way, line through incorrect information and enter correction below							
C/O DA			VIO E. BUCK, CPA		4. Date Incorporated or Qualified To Do Business in Florida 02/17/1997		
			OE OAKland	Pork Blue	5. FEI Number	······	Applied For
City & State			Fort Landendile FL 6.			65-0751630	Not Applicable
Zip Country Zip 33306 Country Country Country Country Certificate of Status Desired A Status Desired A Status							
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each							
Title(s) 1	and/or Directors	Officer and/or Director		City / State / Zip			
DP	BYMEL, MARY	2118 NE 56 PLACE			FT LAUDERDALE FL 33308		
DV	BYMEL, HOWARD	2118 NE 56TH PLACE			FT LAUDERDALE FL 33308		
		9000034884594					
						****158.75	
					M		
						V.N	1
8. Name and Address of Current Registered Agent						ddress of New Registered Ag	ent
- BYMEL, MARY - HOWH					A.gBYMEL B P.O. Box Number is Not Acceptable) B NESST PLACE		
2118 NE 56 PLACE 2118					NE 56	is Not Acceptable) The PLACE	
							Zin Codo
City FORT LANDERDALE FL 33308							
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 MUST SIGN							
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 CHESGINING OFFICER OR DIRECTOR Date Date Daytime Phone #							
1							

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F970000\$5008.

Bymel and Associates, Inc. 2118 N.E. 56th Place Fort Lauderdale, FL 33308

November 10, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Bymel and Associates, Inc. (P97000015008) Annual Report

Dear Sir or Madam,

We have received an application for reinstatement from your office requesting that we file an annual report and pay enormous additional fines and penalties. We have no record of having received an earlier notice. Had we received the earlier notice, we would have taken care of this right away. Therefore, we have enclosed a check payable to the Department of State in the amount of \$158.75, representing the annual fee of \$150.00, and for the certificate of status fee of \$8.75.

I am a seventy five year old taxpayer with a heart condition. I do my best to stay on top of these things, but honestly do not recall receiving any earlier notices.

Please accept our report and our payment as payment in full as we did not receive an earlier notice. Thank you for your consideration and cooperation in this matter. Thank you for your assistance.

Very Truly Yours, Howard Bymel, Vice President

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