

APPLICATION
FOR

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029296

1. Corporation Name

HYDE PARK FINE ARTS, INC.

Principal Place of Business

Mailing Address

937 SOUTH HOWARD AVENUE
TAMPA FL 33606

937 SOUTH HOWARD AVENUE
TAMPA FL 33606

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

03/31/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3501240

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WAAD, TIMOTHY M	1911 DEKLE AVENUE	TAMPA FL 33606
STD	WAAD, JUDITH T	1911 DEKLE AVENUE	TAMPA FL 33606
D	IRVING, SHIRLEY N	525 LEE CIRCLE	ANNAPOLIS MD 21403

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*****150.00 *****150.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STANLEY, DONALD W JR
ALLEN, DELL, FRANK & TRINKLE, P.A.
101 EAST KENNEDY BLVD., SUITE 1240
TAMPA FL 33601

Name

Timothy M WAAD

Street Address (P.O. Box Number is Not Acceptable)

1511 Dekle Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/31/00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M WAAD Pres.

10/31/00 813 258 8683
Date Daytime Phone #

P98000029296

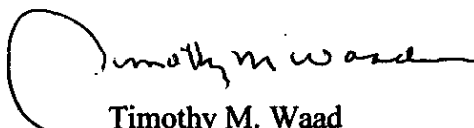
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Hyde Park Fine Arts
937 South Howard Avenue
Tampa, FL 33606
(813)258-8883

To whom it may concern

We just received your notice of Administrative Dissolutionment and would like to make you aware of the following: this was our first notice of any kind from the state divisions of corporations. We filed last year and the year before, because we probably got the forms. We are a small business with only one employee; we receive and file everything that comes to us (ie monthly sales tax, city tax, unemployment, federal tax, etc). I've looked thought the file to see if this was received; it was not. It seems improbable that we that we would not pay the yearly fee after only two years in business after paying over \$1000 to incorporate. We might have missed your first mailing, but to miss the second with the notice of the reinstatement fee we would have to be stupid. I'm disable, but not stupid. We never received the forms, for whatever reason I'm not sure, but please believe me, it was not an oversight on our part; things are just not that busy to miss this. So please reinstate our corporation and accept our fee of \$150 as our normal payment. Thank you,

Yours Truly,

A handwritten signature in cursive script, appearing to read "Timothy M. Waad".

Timothy M. Waad