

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P99000065087**

1. Corporation Name

**HYDE PARK HOLDINGS, INC.**

Principal Place of Business

**910 S NEWPORT AVE  
TAMPA FL 33606**

Mailing Address

**910 S NEWPORT AVE  
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/15/1999**

5. FEI Number

**59-3591393**

Applied For

Not Applicable

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	GREENWALD, DANIEL P	910 S NEWPORT AVE	TAMPA FL 33606
D	GREENWALD, JULIA R	910 S NEWPORT AVE	TAMPA FL 33606

**900023766499**  
10/13/03--01098--022 \*\*150.00

8. Name and Address of Current Registered Agent

**GREENWALD, JULIA  
910 S NEWPORT AVE  
TAMPA FL 33606**

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

**10/8/03**

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]*  
**Julia R. Greenwald**

**10/8/03**

Date

Daytime Phone #

**813-254-0896**

CR2E040 (7/03)

Hyde Park Holdings  
910 S. Newport Ave.  
Tampa, FL 33606  
October 8, 2003

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

To the Division of Corporations:

I am writing to inform you that any previous UBR notices or annual report forms for Hyde Park Holdings in 2003 were not received.

As per the instructions in the Notice of Administrative Dissolution or Revocation I received in the mail today, I am enclosing a check for \$150, an application for reinstatement, and this letter.

Thank you for your consideration.

Sincerely,



Julia R. Greenwald  
Director  
Hyde Park Holdings