

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 14 PM 3:48

DOCUMENT # **704845**

1. Corporation Name
SARASOTA COUNTY BRAILLE TRANSCRIBERS, INC.

Principal Place of Business 4336 KINGSTON LOOP SARASOTA FL 34238 US	Mailing Address 4336 KINGSTON LOOP SARASOTA FL 34238 US
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REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 11/28/1962	5. FEI Number 59-6200847 Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	SCHUYLER, DORIS	4336 KINGSTON LOOP	SARASOTA FL 34238
VP	KARP, JOYCE	6143 WILSHIRE CIRCLE	SARASOTA FL 34231
S	WOLLHEIM, C J	817 IDLEWILD WAY	SARASOTA FL
T	CHERNOFF, LOIS	2029 WILSHIRE DRIVE	SARASOTA FL 34238
D	SCHOEN, MURIEL	4767 TIVOLI PLACE	SARASOTA FL 34238
D	GOODMAN, LEE	1519 BLUE HERON DRIVE	SARASOTA FL 34238

8. Name and Address of Current Registered Agent SCHUYLER, DORIS 4336 KINGSTON LOOP SARASOTA FL 34238	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
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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: Doris E. Schuyler REGISTERED AGENT MUST SIGN Date: 10/12/99

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: Doris E. Schuyler 10/12/99 (941) 921-2027
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
President