

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 704845

1. Corporation Name

SARASOTA COUNTY BRAILLE TRANSCRIBERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 PM 3:48

Principal Place of Business

4336 KINGSTON LOOP
SARASOTA FL 34238
US

Mailing Address

4336 KINGSTON LOOP
SARASOTA FL 34238
US



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

11/28/1962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6200847

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)

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)
500003020015--3
Suite, Apt. #, Etc. -10/20/99--01082--001
City *****236.25 State *****236.25
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

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

10/12/99
Date

(941) 921-2027
Daytime Phone #