

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED

02 JAN -3 PM 1:56

DOCUMENT # 704845

1. Corporation Name

SARASOTA COUNTY BRAILLE TRANSCRIBERS, INC.

Principal Place of Business

Mailing Address

4336 KINGSTON LOOP
SARASOTA FL 34238
US

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | SCHUYLER, DORIS | 4336 KINGSTON LOOP | SARASOTA FL 34238 |
| VP | VAJDA, LAURA | 4822 OCEAN BLVD #2D | SARASOTA FL 34242 |
| 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

9. Name and Address of New Registered Agent

SCHUYLER, DORIS
4336 KINGSTON LOOP
SARASOTA FL 34238

Name 500004782685-9
Street Address (P.O. Box Number is Not Acceptable) 01/17/02-01077-001
Suite, Apt. #, Etc. *****8.75 *****8.75
City State Zip Code
FL

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 12/27/01

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

12/27/01
Date

941-921-2027
Daytime Phone #

CR2E040 (8/01)

20f2

December 27, 2001

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sirs:

Our Annual Report Fee was paid July 12, 2001 when we filed the report. The check cleared and it was check number 1478. Per phone call today, I'm sending in the \$8.75 fee and signing the reinstatement form even though I don't remember receiving a form stating that there was a problem with our annual report.

Yours truly,

Doris E. Schuyler
Doris E. Schuyler

President

Sarasota County Braille Transcribers, Inc.