

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

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

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

11/28/1962

5. FEI Number

59-6200847

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)

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	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

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
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

Doris E. Schuyler
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/30/02

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/02 941-921-2027
Date Daytime Phone #

FILED
03 JAN -2 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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