

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001927

1. Corporation Name

SCHREIBER & ASSOCIATES, P.C.

Principal Place of Business

~~30 ROSEWOOD DR~~
~~DANVERS MA 01923~~

Mailing Address

PO BOX 210
DANVERS MA 01923



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

2. New Principal Office Address, If Applicable

65 Flagship Dr.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1999

5. FEI Number

04-3182112

Applied For

Not Applicable

City & State

North Andover, MA

City & State

Zip

01845

Country

USA

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	SCHREIBER, JEFFREY A	30 ROSEWOOD DR 24 Appleton Lane	DANVERS MA 01923 Boxford, MA 01921

800008891238
11/08/02--01089--004 **150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

CR2EQ40 (8/02)

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

Barbara A. Burke
REGISTERED AGENT MUST SIGN

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

Date

10/30/02

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:

Barbara A. Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/02

Date

978-722-2800

Daytime Phone #

BUSINESS AND TRIAL LAWYERS

SCHREIBER & ASSOCIATES, P.C.

Effective Legal Solutions to Modern Business Problems

TELEPHONE (978) 722-2800 / FACSIMILE (978) 762-0168

STREET ADDRESS:
65 FLAGSHIP DRIVE
NORTH ANDOVER, MA 01845

MAILING ADDRESS:
P.O. Box 210
DANVERS, MA 01923

November 4, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Schreiber & Associates, P.C.

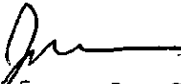
Dear Sir or Madam:

Enclosed is the Application for Reinstatement with respect to Schreiber & Associates, P.C., along with the \$150 filing fee. We did not receive the UBR notices, and, therefore, pursuant to the instructions contained in the Notice of Administrative Dissolution or Revocation are not sending the \$600 reinstatement fee.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

SCHREIBER & ASSOCIATES, P.C.


Jeffrey A. Schreiber
President

JAS/ksb
Enclosures