

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000001927**

Corporation Name

**SCHREIBER & ASSOCIATES, P.C.**

Principal Place of Business

Mailing Address

65 FLAGSHIP DR  
NORTH ANDOVER MA 01845

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

3. New Mailing Office Address, If Applicable  
**Cornerstone Support**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**16 Norcross St., Ste 101**

City & State-

City & State  
**Roswell, GA 30075**

Zip

Country

Zip

Country

US

**REINSTATEMENT 03**

4. Date Incorporated or Qualified To Do Business in Florida

04/13/1999

5. FEI Number

04-3182112

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	SCHREIBER, JEFFREY A	24 APPLETON LANE	BOXFORD MA 01921

200024982592  
11/24/03--01093--033 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

**PETER F. SOUZA**  
ASSISTANT SECRETARY

Date

11/19/03

REGISTERED AGENT MUST SIGN

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:

Jeffrey A. Schreiber

Date

11/18/03 972-762-0100

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

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 18, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Application For Reinstatement

Dear Sir or Madam:

Enclosed please find the Application For Reinstatement regarding Schreiber & Associates, P.C. This letter is to inform your office that I never received the Uniform Business Reports ("UBR notices") that were sent to this office.

Please do not hesitate to contact me at 978-762-0100, if you have any further questions.

Very truly yours,

SCHREIBER & ASSOCIATES, P.C.



Jeffrey A. Schreiber

JAS/llf