


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N00000003668**

1. Entity Name  
**WRITERS, INC.**



Principal Place of Business  
**337 VALLEJO COURT  
LAKELAND, FL 33809**

Mailing Address  
**337 VALLEJO COURT  
LAKELAND, FL 33809**

2. Principal Place of Business  
**1021 LAKEland Hills Blvd.**

3. Mailing Address  
**337 VALLEJO CT.**

Suite, Apt. #, etc.

City & State  
**LakeLand, Florida**

City & State  
**LakeLand Florida**

Zip  
**33805**

Country  
**POLK**

Zip  
**33809**

Country  
**POLK**

6. Name and Address of Current Registered Agent  
**BROWN, WALTER L  
337 VALLEJO COURT  
LAKELAND, FL 33809**

7. Name and Address of New Registered Agent  
Name **WALTER L. BROWN**  
Street Address (P.O. Box Number is Not Acceptable)  
**337 VALLEJO CT.**  
City **LakeLand** FL Zip Code **33809**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Walter L. Brown - DIRECTOR** **NOV. 18, 2004**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$61.25  
After January 1, 2005, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WALTER L 337 VALLEJO COURT LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, PICOLA C 5018 SOCRUM LOOP RD LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDOLPH, TIMOTHY 1415 ALAMEDA DR S LAKELAND, FL 33805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Walter L. Brown** **WALTER L. BROWN** **NOV. 18, 2004** **863-6861221**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
CLERK OF STATE  
DIVISION OF CORPORATION  
04 NOV 29 PM 1:14  
**REINSTATEMENT 04**

  
11052004 REIN-NP CR2E099 (6/04)

4. FEI Number  
**59-3629085**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

500043303665  
12/09/04--01053--004 \*\*\$1.25

500043303665  
12/09/04--01053--005 \*\*\$8.75

**EX225**



**Writer's, Inc.**  
Family Fundamentals  
1021 Lakeland Hills Blvd.  
Lakeland, FL 33805  
(863) 686-1221 Ext. 225

**Board of Directors**

Walter L. Brown  
Picola C. Brown  
Mildred S. McMillon  
Timothy Randolph  
Laurie Croft  
John Ruffin  
Jeannette Delaney  
Marie May  
April Keyes  
Donna Koon  
Bessie Troutman  
John Gusha

October 23, 2004

Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Ms. Hood;

Writer's Inc., located in Lakeland Florida received the notice of our Corporations renewal late, due to the three Hurricanes that beat their way through central Florida. Our Accountant, Martha Bell, suffered damage and disorganization due the storms, and those papers for renewal were misplaced or destroyed.

We are now applying for reinstatement for our corporation. We are sending a copy of the document that we copied from the computer. When we called your office, we were told to send a check for \$61.25 and this letter and we would be reinstated. We are asking that the larger \$236.25 be waived.

Trusting that this information is correct, we are enclosing our check # 2235 in the amount of \$61.25.

Thank you for our assistance in this matter.

Sincerely,

*Walter L. Brown*

Walter L. Brown, President

WLB/bcg:encl.