

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 OCT 17 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000006636

1. Corporation Name

STORYTELLERS' INK, INC.

Principal Place of Business

2637 PARKVIEW DRIVE
HALLANDALE BEACH FL 33009

Mailing Address

2637 PARKVIEW DRIVE
HALLANDALE BEACH FL 33009

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/2002

5. FEI Number

42-1550696

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MORLEY, FREDERICK A	1775 N.W. 60TH STREET	MIAMI FL 33142
D	YEARWOOD, LORI BECK T Remove typ	2637 PARKVIEW DRIVE	HALLANDALE BEACH FL 33009
D	LAWRENCE, DAVID	3250 SW THIRD AVENUE	MIAMI FL 33129
D	DIERKSMEIER, LYNN M	10000 NW 135TH ST	HIALEAH FL 33018
D	SMITH, STEPHEN	BOSTON GLOBE/ PO BOX 2378	BOSTON MA 02107
D	STREIT, SAMUEL	810 THOMASVILLE RD	TALLAHASSEE FL 32315

8. Name and Address of Current Registered Agent

YEARWOOD, LORI T
2637 PARKVIEW DRIVE
HALLANDALE BEACH FL 33009

9. Name and Address of New Registered Agent

Name

N/A

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/12/03

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

10/12/03

Date

Daytime Phone #

CR2E040 (7/03)