

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 7:35

DOCUMENT # P00000065169

1. Corporation Name

STORYTELLERS, INC.

Principal Place of Business

Mailing Address

2731 N E 25TH TERRACE
BOCA RATON FL 33431

2731 N E 25TH TERRACE
BOCA RATON FL 33431



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

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ROUGHTON-SASSI, JUDITH E	2731 N E 25TH TERRACE	BOCA RATON FL 33431
D	SASSI, PETER M	2731 N E 25TH TERRACE	BOCA RATON FL 33431

300004669053--0
-11/06/01--01057--011
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SASSI, PETER M
2731 N E 25TH TERRACE
BOCA RATON FL 33431

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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.

AD

Signature of
Registered Agent

Peter M Sassi
PETER M SASSI 10/16/01
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:

Peter M Sassi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01 661-703-3018
Date Daytime Phone #

-2-

Tuesday, October 16, 2001

To Whom It May Concern:

I was not aware of it if we received a notice that I had to file corporate papers with the state of Florida each and every year.

Enclosed please find our corporate check for \$150 and I can assure you that this will not happen again.

Thanks for your time and consideration.

Best regards,

A handwritten signature in cursive script, appearing to read "Peter M. Sassi".

Peter Sassi