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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED  
AND  
FILED

05 APR 28 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
DOCUMENT # <b>P02000119118</b> <b>P02000119118</b>			
1. Corporation Name <b>SCRIBE VISION TECHNOLOGIES, INC.</b>			
2. Principal Office Address <b>144 CHIPPEWA AVE.</b>		3. Mailing Office Address <b>SAME</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>TAMPA, FL.</b>		City & State	
Zip <b>33606</b>	Country <b>Hills.</b>	Zip	Country

**REINSTATEMENT 03-05**

**MRD**

4. Date Incorporated or Qualified To Do Business in Florida <b>11/06/2002</b>	
5. FEI Number <b>14-1858208</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <b>ROBERT T. WILHITE</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>144 CHIPPEWA AVE.</b>		
Suite, Apt. #, Etc.		
City <b>TAMPA</b>	State <b>FL</b>	Zip Code <b>33606</b>

900054670078  
05/17/05--01033--018 \*\*\* 58.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

**Robert T. Wilhite**

Date **25 April 2005**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	ROBERT T. WILHITE	144 CHIPPEWA AVE	TAMPA, FL 33606
VP/D	RODNEY HAMMACK	3109 ROYAL OAKS DR.	PLANO, TX 75074
VP/D	CRAIG D. YARBROUGH	4648 BELCLAIRE AVE.	DALLAS, TX 75209
VP/D	STEPHEN STERO	16152 WALNUT CRK	SAN ANTONIO, TX 78247

10. 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:

**ROBERT T. WILHITE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**25 April '05** **813-380-4002**

Date

Daytime Phone #

CR2E081 (01/05)

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Florida Department of State  
Divisions of Corporations  
P. O. Box 6327  
Tallahassee, Fl. 32314

25 April 2005

Re: ScribeVision Technologies, Inc.  
P02000119118

2003AR

Dear Sirs:

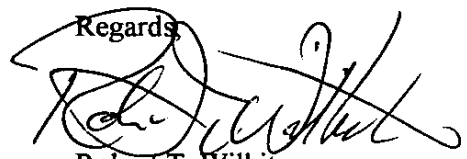
First, thank for taking the time to advise us in the shocking news that our corporation had been dissolved. While we were disturbed in finding this out it was refreshing to have a pleasant, cooperative person on the other end of the phone.

Attached is our application for re-instatement along with our check for \$ 458.75.

Please be advised we have no record of ever having received notification of any renewals. Your favorable consideration of this appeal is requested. Our corporation is on the verge of creating new jobs in Florida and reinstatement would facilitate this.

Thank again for your assistance and for your consideration of this request.

Regards,



Robert T. Wilhite  
President  
ScribeVision Technologies, Inc.  
144 Chippewa Ave.,  
Tampa, Fl. 33606