

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAR 24 AM 10:44

DOCUMENT # P93000026372

1. Corporation Name  
SCRIBNERS, INC.

2. Principal Office Address  
4257 DAUBERT STREET

Suite, Apt. #, etc.

City & State  
ORLANDO, FL

Zip Country  
32803 USA

3. Mailing Office Address  
211 N. MAGNOLIA AVENUE

Suite, Apt. #, etc.

City & State  
ORLANDO, FL

Zip Country  
32801 32801

REINSTATEMENT 03-04

800031843738  
04/05/04--01064--009 \*\*1800.00

4. Date Incorporated or Qualified  
To Do Business in Florida 4/5/93

5. FEI Number  
59-3175539

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
DAVID A. YERGEY, JR.

Street Address (P.O. Box Number is Not Acceptable)  
211 N. MAGNOLIA AVENUE

Suite, Apt. #, Etc.

City  
ORLANDO

State Zip Code  
FL 32801

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

Date 3/23/04

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
PSTD	JOHN H. SCRIBNER, JR.	1668 EAGLE NEST CIRCLE	WINTER SPRINGS, FL 32708
VP	CYNTHIA A. SCRIBNER	1668 EAGLE NEST CIRCLE	WINTER SPRINGS, FL 32708

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/04