

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAY -1 AM 10:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**APPLICATION
 FOR
 REINSTATEMENT**

DOCUMENT # P93000046216

1. Corporation Name
SANDI LYNNE WRITTEN WORDS, INC.

Principal Place of Business Mailing Address
**7000 West Palmetto Park Road
 Suite 400
 Boca Raton, FL 33433**

REINSTATEMENT

96-98

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 6/29/93 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 112630694 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| P/D | Sandi Polin a/k/a Sandi Lynne | 7000 W. Palmetto Pk. Rd. Suite 400 | Boca Raton, FL 33433 |
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5000025.20115-8
 05/12/98-01040-003
 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Gregory J. Ritter, Esq.
 7000 W. Palmetto Park Road, Suite 400
 Boca Raton, FL 33433

9. Name and Address of New Registered Agent

| | | |
|--|--------------------|----------|
| Name | | |
| 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.

Signature of Registered Agent

 REGISTERED AGENT MUST SIGN

Date 4/28/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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

4/28/98
 Date Daytime Phone # 561-394-2180

CR2E040 (1/98)