

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 <b>112630694</b>	
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

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 <b>FL</b>	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

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

CR2E040 (1/98)