PLEASE READ A	ALL INSTRUCTIONS		OMPLETI	NG THIS FORM.		
REINST	FLORID DEPARTME andra B. Mo Secretary of bit on of corp	ortham State	[F]	LED		
DOCUMENT # (43000) 88308			97 AUG 22 PM 2: 33			
Writer's Ink. studios, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business  5735 Boysi De Or Onardo, F1 3289  If above addresses are incorrect in any way, line thro	Mailing Address 5735 Baysic Orlando, F					
New Principal Office Address, If Applicable	Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc.	Suite, Apt. #, etc.  City & State		5. FEI Number	5. FEI Number Applied For		
City & State  Zip Country	Zip Cour	ntry	6.	<u> </u>		
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpu	orations must list at lea	<u> </u>	lorace		
Title(s) 1 Name of Officers Street Address of Each Officer and/or Directors Officer and/or Director 3 (Do NOT Use Post Office Box Not Director Director Company of the Post Office Comp			1	City / State / Z	'ip	
Pres CATHYANNSAUE	3R 5735 C	AYSIOE (	or	ORUMOD, F	L 32819	
			80	000022770 -08/26/97010 *****365.00	681 19003 ***365.00	
Name and Address of Current F			9. Name and A	ddress of New Registered Agent	······································	
5735 Baysice Or Orlando P1 32819		Name Street Address (F	2 O. Box Number i	s Not Acceptable)		
		Suite, Apt. #, Etc.	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
		City	City State Zip Code			
10. I, being appointed the registered agent of the abo	ve named corporation, am familiar	with and accept the of	bligations of Section			
Signature of Registered Agent RE	GISTERED AGENT MUST SIGN			Date 8/17/97		
11. Does this corporation pay a Dept. of Revenue under S.	ny intangible tax to 199.032, Florida Sta	the atutes. Yes[	□ No□	(See other side for i on intangible		
I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the non this application is true and accurate, and my significant.	lution has been eliminated, the cor ames of individuals listed on this (	rporate name satisfies form do not qualify for a	the requirements of an exemption unde	of section 607.0401 or 617.0401, F	.S., that all fees	
SIGNATURE SIGNATURE MAY THEO OR PRII	CATHY ANN	SAUER	4	17 47 (407) 87	16-3399 Phone #	

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August 17, 1997

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

## TO WHOM IT MAY CONCERN:

In checking my records, I realized that I had not received my annual report packet this past spring. When Llooked further back, I had also not received one last spring. When I called your office, I was told Writer's Ink. Studios, Inc. was dissolved in August 1996 due to lack of response in filing. The office informed me that all my correspondence had been sent to 7322 Spring Villa Circle in Orlando, even though I had moved from that location in August of 1994. In April of 1995, I informed the department of my move and my current address, 5735 Bayside Drive in Orlando, so there should have been no reason for them to continue sending my annual report correspondence to the old address in 1996.

If the state had sent my information to the address I gave them, my company would have been able to file its annual reports on time and would not have been dissolved. Therefore, I am not paying the reinstatement fee due to the state's mistake. I have enclosed a check for \$365.00, which is what I was told by your department the cost would be to reinstate Writer's Ink. Studios, Inc. and be up to date with our fees.

Please forward a confirmation of the reinstatement to my attention and please update your address records accordingly for Writer's Ink. Studios, Inc. at 5735 Bayside Drive, Orlando, Florida, 32819.

Cordially,

Cathy Ann Sauer

President



5735 Bayside Drive

(407) 876-3399

FAX: (407) 876-6987