

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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REINSTATEMENT

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<b>CORPORATION REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P97000033385 <b>1. Corporation Name</b> STENO SERVICES WORLDWIDE INC.			
<b>2. Principal Office Address</b> 2 S. Biscayne Blvd. Suite, Apt. #, etc. Suite 3400 City & State Miami, Florida Zip 33131		<b>3. Mailing Office Address</b> 2 S. Biscayne Blvd. Suite, Apt. #, etc. Suite 3400 City & State Miami, Florida Zip 33131	
Country USA		Country USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> April 14, 1997	
<b>5. FEI Number</b> 65-0751821	Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
Name Valdes-Fauli Corporate Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 2 South Biscayne Boulevard	
Suite, Apt. #, Etc. Suite 3400	
City Miami	State FL
Zip Code 33131	

<b>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.</b> Signature of Registered Agent By: <u>Mark J. Scheer</u> Date <u>11/21/01</u> REGISTERED AGENT MUST SIGN Mark J. Scheer, Vice President	
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<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	Czerenda, Randall	3762 N.E. 209th Terrace	Miami, Florida 33180
DTV	Czerenda, A. Judith	3762 N.E. 209th Terrace	Miami, Florida 33180

<b>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.</b>	
SIGNATURE: <u>A Judith Czerenda</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>11/27/01</u> (305) 937-6206 Daytime Phone #

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GUNSTER YOAKLEY  
ATTORNEYS AT LAW

WRITER'S DIRECT DIAL NUMBER: (305)376-4181  
WRITER'S E-MAIL ADDRESS: [msanderson@gunster.com](mailto:msanderson@gunster.com)

November 28, 2001

**Via Federal Express**

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399


**Re: Steno Services Worldwide Inc. - Reinstatement Application**

Dear Sir/Madam:

Enclosed please find an Application for Reinstatement along with a filing fee check in the amount of \$750.00, for the above referenced matter.

Should you have any questions regarding the foregoing please do not hesitate to contact our office at (305) 376-4181.

Sincerely,

  
Michelle Sanderson, CLA  
Corporate Paralegal

/MS

Enclosures

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