

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 FEB 21 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L960000010414

1. Limited Liability Company's Name

LOST CLASSICS BOOK COMPANY L.C.

REINSTATEMENT

2000-
2001

2. Principal Office Address

254 East Stuart Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 3429

Suite, Apt. #, etc.

City & State

Lake Wales, FL

City & State

Lake Wales, FL

Zip

33853

Country

Zip

33859

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/02/96

6. FEI Number

59-3404020

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Donald S. Rosenberg

100003784241-5

Street Address (P.O. Box Number is Not Acceptable)

One S.E. Third Avenue, Suite 3050

02/28/01-01014-004

******205.00 ****205.00**

Suite, Apt. #, Etc.

Suite 3050

City

Miami

State
FL

Zip Code

33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Donald S. Rosenberg

Date **02/19/01**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P/S	George D. O'Neill, Jr.	Mountain Lake	Lake Wales, FL 33859
VP/T	George D. O'Neill	30 Rockefeller Plaza, RM 5432	New York, N.Y. 10012

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

George D. O'Neill Jr.

Date **02/19/01**

Daytime Phone # **305/358-2600**

Typed or printed name of signing Managing Member/Manager

GEORGE D ONEILL JR.