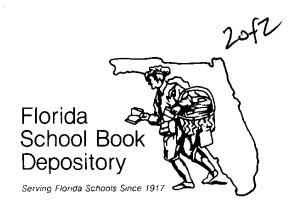
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

, LEXISE TEXT AND THE METHOD BET ON ELECTRIC THIS TOTAL		
REINSTATEMENT	DEPARTMENT OF STATE Secretary of State sion of corporations	FILED 05 NOV 23 PM TO: M
DOCUMENT # 210576  1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
FLORIDA SCHOOL BOOK DEPOSITORY, IAC		
2. Principal Office Address  1125 N ELLIS RD P.O.	Office Address 1:	200061663732 1/23/0501021015 **300.00
Suite, Apt. #, etc. Suite, Apt. #,	etc. <b>4.</b> Dat	le Incorporated or Qualified Do Business in Florida 1958
City & State  JACK SONVILLE FL JACKS  Zip Country Zip	COUNTY 5. FEI	9-0826204 Applied For Not Applicable
32254 USA 322	. I D-	TIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status
Name  Name  TAMES  BENT  Street Address (P.O. Box Number is Not Acceptable)		
3802 BETTES CIRCLE Suite, Apt. #, Etc.		
City JACK SONVILLE		State Zip Code FL 32210
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.  Signature of Registered Agent Date 1//22/05  REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (FI	orida nonprofit corporations must list at least 3 dire	ctors)
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD JAMES V. BENT	3802 BETTES CIA	Z JACKSONVILLE FL 3226
P ROBERT P. BENT	4834 ARAPAHOE 1	AVE JACKSANVILLE FL32210
D PATRICIA B. MACRAE	3715 MCGIRTS BLVD	JACKSONVILLE, FL 32210
D J. HERBERT STANLEY	4815 ALGONQUIN AVE	JACKSONVILLE, FL 32210
D PATRICIA P. BENT	3802 BETTES GRCL	E JACKSONVILLE, FL 32210
D LEWIS LEE	3733 ORTEGA BLVD	JACKSONVILLE FL 30010
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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



November 22, 2005

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir:

Per your instructions, we are enclosing our check in the amount of \$300 for the 2004 and 2005 filing years.

We respectfully request that no late fees be charged as the forms were never received for those years. We are taking positive action to be certain this never happens again. We understand that postcards are now being sent and we have notified our mail clerk to look for this new mailing.

Please know that we are always very conscientious to pay this before May 1<sup>st</sup> and apologize for overlooking the fact that the forms were never received or were lost. Be assured that it is on our calendars to ensure that we stay current with the state.

Thank you for your consideration.

Sincerely,

Barbara Johnsold
Vice President, CFO