


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840579
1. Corporation Name SOUTHEASTERN LIBRARY NETWORK INC.

Principal Place of Business 1438 W PEACHTREE ST NW, SUITE 200 ATLANTA GA 30309-2995 US	Mailing Address 1438 W PEACHTREE ST NW, SUITE 200 ATLANTA GA 30309-2995 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip
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10/2

FILED

00 OCT 18 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2000

4. Date Incorporated or Qualified To Do Business in Florida 05/30/1978	
5. FEI Number 72-0738497	Applied For Not Applicable
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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	COOPER, SANDRA M	STATE LIBRARY OF NORTH CAROLINA	BOONE NC 28608
SD	THRASHER, JERRY A	CUMBERLAND COUNTY PUBLIC LIBRARY	FRANKFORT KY 40601
TD	CARGILL, JENNIFER	LOUISIANA STATE LIBRARY	RALEIGH NC 27601
D	ROBISON, CAROLYN L	GEORGIA STATE UNIVERSITY	ATLANTA GA 30303
D	BROWN, BARBARA J	WASHINGTON & LEE UNIVERSITY	NORFOLK VA 23529
		100003454711-1	-11/07/00--01039--LS ***236.25 ***236.25

8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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 <u>Mary R. Adams</u> REGISTERED AGENT MUST SIGN Date 10-18-00
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11. 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: <u>Stella Bentley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 10/13/00 Daytime Phone # 334-844.1714
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CR2E040 (8/00)