(COCTOONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 04 OCT 20 PM 4: 08 SECRETARY OF STATE
DOCUMENT # F0000000499 1. Corporation Name		TALLAHASSEE, FLORIDA
PEACE BOOKSTOP	les, Inc	
2. Principal Office Address 4940 NORTHORE BUD	3. Mailing Office Address 4940 NORTH DALE BUD	REINSTATEMENT O ZOCE
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	4. Date Incorporated or Qualified To Do Business in Florida 01 27 2000
TAMPA-F-33624 Zip Country 33624 USA	TAMPA—FL Zip Country 33624 USA	5. FEI Number Applied For Not Applicable CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
35024 03#	7. Name and Address of Current Registe	
Name BARTHOLOMEW BACON Street Address (P.O. Box Number is Not Acceptable) 100 2 9 HAMP TON PL Suite, Apt. #, Etc. 05/10/04-01026-024 **450.00		
city TAMPA		State Zip Code FL 3 3 (/18
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 REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo	
P BARTHOLOMEW P.	BACON 10029 HAMPTON	PL TAMPA FL 33618
	,	Minter
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #		