

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 15 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98 00000 4799**

1. Corporation Name

FIRST BOOK

REINSTATEMENT

02

000009021890
11/15/02--01052--008 **245.00

2. Principal Office Address

1319 F ST, NW

3. Mailing Office Address

Suite, Apt. #, etc.

1000

Suite, Apt. #, etc.

City & State

WASHINGTON, DC

City & State

DC

Zip

20004

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

DC Incorp.
5/19/1992

5. FEI Number

52-1779606

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JANE ROBINSON

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

1987 S W PALM CITY RD

Suite, Apt. #, Etc.

STUART, I

City

STUART, F

State
FL

Zip Code

34994

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

Date **11/11/02**

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 Each Officer and/or Director	City / State / Zip
	see attached		

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

11/11/2002

Date

2023931222

Daytime Phone #

CR2E081 (9/01)

First Book Board of Directors

Peter F. Gold

Chairman, First Book
President, The Gold Group
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