

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 25 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004799

1. Corporation Name

FIRST BOOK

2. Principal Office Address

1319 F ST, NW

Suite, Apt. #, etc.

#1000

City & State

WASHINGTON DC

Zip

20004

Country

3. Mailing Office Address

1319 F ST, NW

Suite, Apt. #, etc.

#1000

City & State

WASHINGTON DC

Zip

20004

Country

REINSTATEMENT 03

500023357145

09/26/03--01010--007 **296.25

4. Date Incorporated or Qualified
To Do Business in Florida

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 SW PALM CITY RD

Suite, Apt. #, Etc.

STUART, FL 34994

City

STUART, FL 34994

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

Jane Robinson

REGISTERED AGENT MUST SIGN

Date 9/23/03

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
	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:

Jane Robinson, CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-03

Date

2023931222

Daytime Phone #

CR2E081 (10/02)

9/29

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Updated June 23, 2003

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