APPLICATION FOR REINSTATEMENT # 145866	ALL INSTRUCTIONS FOR LAD PART & Sa dra P Geret y of S DIVISION OF CORPOR	STATE	FILED 97 SEP 29 AM II SECRETARY OF STALLAHASSEE, FI	D: 37
34724 U.S.I. PALM HARBOR If above addresses are incorrect in any way, line through the state of	9 N , FL 34684	Applicable 4. Dat	e Incorporated or Qualified	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	5. FEI	Number 7-2739785	Applied For Not Applicable
Zip Country	Zip Country	6.	RTIFICATE OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and	or Director (Florida nonprofit corpora	tions must list at least 3 dire	ctors)	
Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Officer Box Number				State / Zip
Pres Norman Namath 3042 Cara Ct Falm Harbor Flaged Seeftr Beverly Namath 3042 Cara Ct Falm Harbor FC 34684				
) ****365 <u>.00</u>
			9. Name and Address of New Registered Agent VERLY Namat H	
Palm Harbor, FL 34684 Suite, Api, #, Etc.			Number is Not Acceptable) CARA CT SI PRBOR SI	ate Zin Code out
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 Severy Canath REGISTERED AGENT MUST SIGN				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)				
12. 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: Bevery Maskath 9/25/97 83-786 2598 SIGNATURE AND TYPED ORY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #				

Norbev Enterprises

dba Annie's Book Shop

34724 U. S. Highway 19 North Palm Harbor, Florida 34684

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314 attention Leslie Sellers

> September 18, 1997 Re: Letter 397A00043961

Dear Ms. Sellers,

This letter is to confirm our conversation of September 18, 1997 regarding our corporate renewal. We relocated our business in November of 1996 approximately one half mile south of our original location. Unfortunately the 1996 renewal form for corporations never reached us. I realize we should have notified the State Department but I thought notifying the IRS and Department of Revenue was sufficient.

I am enclosing a check for \$365.00 for the 2 years and hope the Florida Department of State will accept this as a renewal and not penalize us the additional fee for reinstatement. We are a small family business and the extra costs are really a burden for us.

I hope I have filled out these forms correctly.

Thank you for your help and consideration.

Beverly Namath

Secretary/Treasurer

Levely Nanath