

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 OCT 26 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K46837

1. Corporation Name

SPECIAL LIBRARIES BOOK SERVICE, INC.

Principal Place of Business

1521 AUTON ROAD
STE 345
MIAMI BEACH
FL 33139

Mailing Address

501 BRICKELL KEY DRIVE
STE 300
MIAMI, FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

212 THREE ISLANDS BLD
Suite, Apt. #, etc.
103

3. New Mailing Office Address, If Applicable

1521 AUTON ROAD
Suite, Apt. #, etc.
345

4. Date Incorporated or Qualified To Do Business in Florida

11/22/88

5. FEI Number

65-0085426

Applied For

Not Applicable

6.

CERTIFICATE 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 corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	JOHN S. MONEY	212 THREE ISLANDS BLD	HALLANDALE, FL 33009
VP	DIANNE M. COLES	212 THREE ISLANDS BLD	HALLANDALE, FL 33009

300002676773--8
-10/30/98--01055--009
***1200.00 ***1200.00

10/23/98

8. Name and Address of Current Registered Agent

LAWRENCE EVANS
501 BRICKELL KEY DR, STE. 300
MIAMI, FL 33131

9. Name and Address of New Registered Agent

Name
SUZANNE R. JENKINS
Street Address (P.O. Box Number Is Not Acceptable)
212 THREE ISLANDS BLD.
Suite, Apt. #, Etc.
103
City
HALLANDALE
State
FL
Zip Code
33009

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

Suzanne Jenkins
REGISTERED AGENT MUST SIGN

Date 10/23/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN S. MONEY

10/23/98

Date

954-457-5003

Daytime Phone #

CR2E040 (1/98)