

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

1997 NOV 25 PM 3: 57

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **L19846**

1. Corporation Name

**BOOK-MART OF FLORIDA, INC.**

Principal Place of Business

142 WEST END AVE  
 KNOXVILLE TN 37822  
 US

Mailing Address

142 WEST END AVENUE  
 KNOXVILLE TN 37822  
 US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business In Florida

09/28/1989

5. FEI Number

62-1448856

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)

1	2	3	4
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	WINEGARDNER, DEAN	3000 RIVER HAVEN POINT	KNOXVILLE TN 37922
<del>ST</del>	<del>BROOKS, RONALD A.</del>	<del>1608 J JOE HINTON RD.</del>	<del>KNOXVILLE TN 37923</del>
			7000002964557-8 -12/05/97-01101-015 ***750.00 ***750.00

**REINSTATEMENT**

9788  
11/25/97

8. Name and Address of Current Registered Agent

~~SMITH, DEBBIE L.~~  
~~2030 N 38TH STREET~~  
~~HOLLYWOOD FL 33021~~

9. Name and Address of New Registered Agent

Name: C.T. Corporation System  
 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road  
 Suite, Apt. #, Etc.

City: Plantation

State / Zip Code

FL / 33324

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

*Dale W. Morris*

Dale W. Morris, Assistant Vice President

Date: 11/05/97

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:

*Dale W. Morris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/97

Date

(403) 675-7988

Daytime Phone #

CP-202040 (8-97)