

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

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

**L9600000566**

FILED  
 98 APR 13 PM 4:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L9600000566**  
**PUBLISHERS WAREHOUSE OF SANIBEL ISLAND, FL LLC**  
**20350 SUMMERLIN ROAD**  
**STE 2140**  
**FT. MYERS, FL 33908**

1a. Principal Place of Business Address  
**20350 SUMMERLIN RD.**  
**SUITE 2140**  
**FT. MYERS FL 33908**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

2a. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Date Organized or Qualified  
**5/21/96**

3a. State of Formation  
**FL**

4. FEI Number  
**65-0671438**

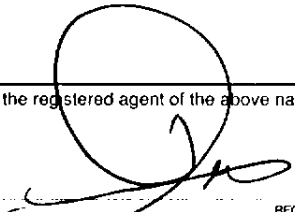
5. Date of Last Report

6. Certificate of Status Desired  
 Applied For  
 Not Applicable  
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

8. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**000002491340--2**  
 Suite, Apt. #, etc.  
**-04/16/98--01123--001**  
**\*\*\*\*877.50 \*\*\*\*877.50**  
 City  
**FL**  
 Zip Code

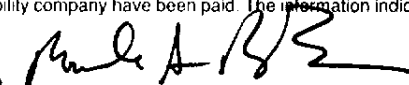
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  **PETER F. SOUZA**  
 ASSISTANT SECRETARY  
 REGISTERED AGENT MUST SIGN Date **3/31/98**

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
<i>MGR</i> PRES.	<b>BROOKS, RONALD</b>	<b>142 WEST END AVENUE</b>	<b>KNOXVILLE, TN 37922</b>
<i>MGR</i> SEC.	<b>JANA HUDDLESTON</b>	<b>142 WEST END AVENUE</b>	<b>KNOXVILLE, TN 37922</b>

**REINSTATEMENT** *97-98*  
*OR 4-14*

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

 Date **3-27-98** Daytime Phone # **423-675-7958**

Typed or printed name of signing Managing Member/Manager **RONALD A. BROOKS**