

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L96000001044

03 DEC -1 AM 8:32

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0010411 01 AT 0.292 **AUTO HB 0 0615 33859-342929

LOST CLASSICS BOOK COMPANY L.C.
P.O. BOX 3429
LAKE WALES FL 33859-3429



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 254 E. STUART AVE. LAKE WALES FL 33853		5. Date Organized or Qualified To Do Business in Florida 10/02/1996	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3404020	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ROSENBERG, DONALD S ONE SE THIRD AVENUE SUITE 3050 MIAMI FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 Donald Rosenberg **SIGNATURE REQUIRED** Date 11-25-2003

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PS	O'NEILL, GEORGE D JR	MOUNTAIN LAKE	LAKE WALES FL 33859
MEM	O'NEILL, GEORGE D	30 ROCKEFELLER PLAZA RM. 5432	NEW YORK NY 10112
400025130144 12/01/03--01089--009 **150.00			
REINSTATEMENT 2003 12/1/03			

12. 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.

Signature of Managing Member/Manager SIGNATURE REQUIRED Date 11/25/03 Daytime Phone 83 676 2992

Typed or printed name of signing Managing Member/Manager