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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:05

1. DOCUMENT # M00000000772

Name and Mailing Address

0014633 01 AT 0.292 **AUTO T3 2 0615 34119-890835

QUAILMARK BOOKS, L.L.C.
4500 EXECUTIVE DR., STE. 110
NAPLES FL 34119-8908

2. New Mailing Address	4. State/Country of Formation: DE
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 04/20/2000
Principal Place of Business: 4500 EXECUTIVE DR., STE. 110, NAPLES FL 34119	3. New Principal Place of Business Address
City, State, Zip	6. FEI Number: 13-4112707 — Applied For / Not Applicable
	7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name: THOMAS G BROWN Street Address (P.O. Box Number is Not Acceptable): N. Media Group 4500 Executive Dr. Suite 110 City: Naples FL Zip Code: 34119

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: THOMAS G BROWN Date: _____

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
MGRM	BROWN, THOMAS G	4500 EXECUTIVE DR., STE. 110	NAPLES FL 34119
			500002405988 5 10/24/03--01012--015 **150.00
		REINSTATEMENT 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: X THOMAS G BROWN Date: 10/20/03 Daytime Phone # 239-594-0100

Typed or printed name of signing Managing Member/Manager _____