

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000004915

FILED  
Sep 29, 2009  
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF COLLEGE STORES, INC.

**Current Principal Place of Business:**

901 NW 17TH STREET  
MIAMI, FL 33136

**New Principal Place of Business:**

3209 VIRGINIA AVENUE  
FORT PIERCE, FL 34981

**Current Mailing Address:**

901 NW 17TH STREET  
MIAMI, FL 33136

**New Mailing Address:**

3209 VIRGINIA AVENUE  
FORT PIERCE, FL 34981

FEI Number: 59-2413876      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BOULEVARD  
SUITE A-100  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LISSA RILEY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, DEBORAH  
Address: 901 NW 17TH STREET  
City-St-Zip: MIAMI, FL 33136

Title: S ( ) Delete  
Name: RILEY, LISSA  
Address: 901 NW 17TH STREET  
City-St-Zip: MIAMI, FL 33136

Title: T ( ) Delete  
Name: AKINS, DEBRA  
Address: 901 NW 17TH STREET  
City-St-Zip: MIAMI, FL 33136

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RILEY, LISSA  
Address: 3209 VIRGINIA AVENUE  
City-St-Zip: FORT PIERCE, FL 34981

Title: S (X) Change ( ) Addition  
Name: SNYDER, RHONDA  
Address: 4777 CITY CENTER PARKWAY  
City-St-Zip: PORT ORANGE, FL 32129

Title: T (X) Change ( ) Addition  
Name: ALI, BEBI  
Address: 1800 SOUTH KIRKMAN ROAD  
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISSA RILEY

Electronic Signature of Signing Officer or Director

P

09/29/2009

Date