PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
CORPORATION REINSTATEMENT	LORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	07 APR 25 AH 7: 37
DOCUMENT # PW000	073901	. RELARY OF STATE LLAHASSEE, FLORIDA
New Books Inc.		300102361383 05/15/0701001030 **900.00
536 Kensington Lake Cie	3. Mailing Office Address P. D. BOX 8345	REINSTATEMENT 62-
	Suite, Apt. #, etc. City & State	4. Date Incorporated or Qualified 7/30/2000
Brandon FL	Tampa FL	5. FEI Number Applied For Not Applicable
33571 Country A	33674 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Russell T Myers		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable)		the prior notices. By checking this box, you
Sulta, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
City TO State Zip Code		fee be waived.
" Jampa	FL 336/4	
8. I, being appointed the registered egent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Date 18 April 2007		
RESISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Thise Name of	Street Address of Each	
P Russell T Myers	2716 WEddy	Dr Tampa, FL 33614
V Armando A Arenas 16725 Race Track Rd Odessa Pl 33556		
S Carmon N Areno	14-1-2	
/1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	enas 536 Kensington La	
S Jesika M Boykins 105 Choked Cree		
S Linda W Arenas	16735 Race Track	Rd adossa PL 33556
10. 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 filling 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 contained in Chapter 119, 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: THE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		
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