

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

03 NOV 24 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000066608

1. Corporation Name

NORTH WASHINGTON BOOKS, INC.

Principal Place of Business

Mailing Address

1038 NORTH WASHINGTON BLVD.
SARASOTA FL 34236

18340 VENTURA
230
TARZANA CA 91356

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~1940 12th Street~~

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~P.O. Box 114~~

Suite, Apt. #, etc.

City & State

SARASOTA, Florida

Zip
34236

Country

U.S.A.

City & State

Levensville TX

Zip

75067

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/2001

5. FEI Number

65-1119822

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	BROWNING, DON	9301 JORDAN AVE SUITE 105 A	CHATS WORTH CALIFORNIA 91311

800024983038
11/24/03--01098--013 **750.00

8. Name and Address of Current Registered Agent

LIROT, LUKE CHARLES ESQ
112 E. STREET, STE. B
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Luke Lirot

REGISTERED AGENT MUST SIGN

Date

11-21-03

11. 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 filing 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-18-03

818-701-5703

CR2040 (7/03)