

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000150115**

1. Entity Name  
**BOOKS & EVENTS, INC.**



Principal Place of Business  
**1150 98TH APT #5  
BAY HARBOR ISLAND, FL 33154**

Mailing Address  
**1150 98TH APT #5  
BAY HARBOR ISLAND, FL 33154**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**FILED**  
**05 APR -8 PM 4:20**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



10282004 REIN-P CR2E098 (6/04)

4. FEI Number  
Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BETANCOURT, MARIA C  
1150 98TH APT #5  
BAY HARBOR ISLAND, FL 33154**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maria C Betancourt* DATE 11-27-2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SALVADOR, BENIGNO 1150 98TH APT #5 BAY HARBOR ISLAND, FL 33154</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400051350214 04/20/05--01011--008 **158.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400051350214 04/20/05--01011--009 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Benigno Salvador* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

*11/12/04*

11-27-04

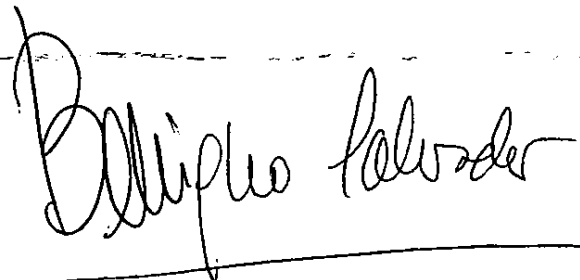
FLORIDA DEPT. OF STATE  
DIV. OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

ATTN: Ms. Ruby Dunlap

DEAR Ms. Dunlap:

AS PER OUR PHONE CONVERSATION  
I AM SENDING YOU THIS LETTER TO CONFIRM  
THAT I NEVER RECEIVED A RENEWAL NOTICE.  
I AM NOW IN RECEIPT OF YOUR LETTER  
DATED 10/28/04 AND AM SENDING YOU THE  
\$150.00 FOR RE-INSTATEMENT.

SINCERELY,  
BENIGNO SALVADOR



cell: 305-773-5180