PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 OCT -7 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000006521

1. Corporation Name

Book Warehouse of Orlando, FL, Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5250 International Dr	10267 Kingston Pike
Suite, Apt. #, etc.: Suite 326	Suite, Apt. #, etc.:
City & State: Orlando, FL	City & State: Knoxville, TN
Zip: 32819 Country: USA	Zip: 37922 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1-16-2007

5. FEI Number: 208243761 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, etc.:

City: Plantation State: FL Zip Code: 33324

600265138996
10/07/14--01007--011 **750.00

8. I, being appointed the registered agent 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: Jordan Brown, Asst. Secretary Date: 09/30/2014

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/ CFO	Pat O'Connor	10267 Kingston Pike	Knoxville, TN 37922
Cont	Matt King	10267 Kingston Pike	Knoxville, TN 37922
	REINSTATEMENT		S. HAWKES
	2014		OCT 08 A.M.
			EXAMINER

10. E-mail Address: ahaskins@americanbookco.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Pat O'Connor 9-30-14 865-966-7454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #