PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P92000000910

1 Corporation Name

BEST BOOK BINDERY OF GAINESVILLE, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal P	lace of Busines	ss	Mailing Addre	ress			1	50.0 10 11 W 21 B1 W 20 11 W 20 11 W 20 11 W 20 11			
GAINESVILLE FL 32609 SUITE A			SUITE A	4641 A NW 8 STREET Suite A Cainesville Fl. 32609							
						REINSTATEMENT 9600					
		ncorrect in any way, line the					a samili A.C	SIMI CIVI	en i	7000	,
New Principal Office Address, If Applicable 3. New Ma			3. New Maili	ling Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 10/21/1992				
Suite, Apt. #, etc. Suite,			Suite, Apt. #,	le, Apt. #, etc.							
City & State			City & State				59-3150502 Applied For Not Applicable				
Zip Country		Zip		Country		6. CERTIFICAT	CERTIFICATE OF STATUS DESIRED (7)			ed	
7. Names and Street Addresses of Each Officer and/o							Total Controlle of States				
7. Names	and Street Add	rosses of Each Officer and Name of Officers	or Director (Flo	rlda nonprofit d							4
Title(s)	and/or Directors			Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box			i Numbers)	City / State / Zip			
P	ANDERSON, J. N			4841 A NW 6 ST.				GAINESVILLE FL			
· · · · · · · · · · · · · · · · · · ·	KNIGHT, WILLIAM F STD KNIGHT, MARY			4641A NW 6 ST. 4641A NW 6 STREET							4
٧								GAINESVILLE FL			
STD								GAINESVILLE FL			7
				200002031542-						5428	7
								-12/17/5 ****375	16D1 5.00	156001 ****375.80	
	<u></u>										
	and Address of Current	nt Name			9. Name and Address of New Registered Agent				ᆜ_		
KNIGI	IT, MARY					Hallio					198
464 A NW 6TH STREET				Street Address (F			P.O. Box Number is Not Acceptable)				CR2F040 (7/96
GAINESVILLE FL 32609			Suite, Apt. #, Etc.			•					
						City			State	Zip Code	\dashv
10. I being	appointed the	registered agent of the abo	ove named corpo	ration, am fan	nillar wit	h and accept the o	bligations of Sec	tion 607.0505, F.S.	<u> </u>	L	\dashv
ature of Functioned	Agent	Mary	ALL LEGISTERED AG	ENT MUST SI	GN	MRED.		Date _ 9-	20-	96	-
11. Do	es this c	orporation pay a	any intang 199.032.	ible tax t Florida :	to the	e ites. Yes		(See	ebia redio graini no	for information jble tax.)	

12. 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 ewed 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 eath.

SIGNATURE:

9-20-96 904377-8358