

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 997000031635

1. Corporation Name our Daily Bread Book Stores

2. Principal Office Address
1161 Hillsboro Mile
 Suite, Apt. #, etc. 201
 City & State Hillsboro Beach
 Zip 33062 Country Broward

3. Mailing Office Address
1161 Hillsboro Mile
 Suite, Apt. #, etc. 201
 City & State Florida
 Zip _____ Country America

FILED
 01 NOV 16 PM 4:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida 99

5. FEI Number 650942585 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 Gilbert E SANDHOLZER II

Street Address (P.O. Box Number is Not Acceptable) 1161 Hillsboro Mile #206

Suite, Apt. #, Etc. 1206

City Hillsboro Beach State FL Zip Code 33062

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 *****758.75 *****758.75

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 Gilbert E. Sandholzer II Date October 28, 2001

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
President	Gilbert E Sandholzer	1161 Hillsboro Mile #206 Hillsboro Beach FL 33062	Hillsboro Beach FL 33062
T	Gilbert E Sandholzer	1161 Hillsboro Mile #206 Hillsboro Beach FL 33062	Hillsboro Beach FL 33062
S	Gilbert E Sandholzer	1161 Hillsboro Mile #206 Hillsboro Beach FL 33062	Hillsboro Beach FL 33062
VP	Gilbert E Sandholzer	1161 Hillsboro Mile #206 Hillsboro Beach FL 33062	Hillsboro Beach FL 33062

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 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: Gilbert E Sandholzer President Date October 28, 2001 954 426
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # 0017

CFR2001 (9/00)