

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000031635**

1. Corporation Name

**OUR DAILY BREAD BOOK STORES INC**

Principal Place of Business

Mailing Address

1161 HILLSBORO MILE  
#201  
HILLSBORO BEACH FL 33062

1161 HILLSBORO MILE  
#201  
HILLSBORO BEACH FL 33062



**REINSTATEMENT** 02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/08/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0742585

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$9.75 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
PTS	SANDHOLZER, GILBERT E II	1161 HILLSBORO MILE #201	HILLSBORO BEACH FL 33062
VP	SANDHOLZER, GILBERT E II	1161 HILLSBORO MILE #201	HILLSBORO BEACH FL 33062

100009440571  
12/10/02--01079--002 \*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANDHOLZER, GILBERT E II  
1161 HILLSBORO MILE  
#206  
HILLSBORO BEACH FL 33062

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State   Zip Code
	FL

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

Oct 31, 2002

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 31, 2002

CR2E040 (8/02)