

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		SEP 17 1999	
DOCUMENT # <u>P970000098045</u>					
1. Corporation Name <u>lalibreria.com, inc.</u>					
Principal Place of Business 14603 Southwest 142 Place Miami, FL 33186			Mailing Address P.O. Box 165811 Miami, FL 33116-5811		
REINSTATEMENT 98-99					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <u>6141 BLATT BLVD.</u> Suite, Apt. #, etc. <u>SUITE 106</u> City & State <u>WESTON FL.</u> Zip <u>33326-4479</u> Country <u>U.S.</u>		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <u>11/18/97</u> 5. FEI Number <u>650 800688</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip	
	P	Robert Pearl	14603 Southwest 142 Place	Miami, FL 33186	
	T	Robert Pearl	14603 Southwest 142 Place	Miami, FL 33186	
	S	Robert Pearl	14603 Southwest 142 Place	Miami, FL 33186	
	D	Robert Pearl	14603 Southwest 142 Place	Miami, FL 33186	
8. Name and Address of Current Registered Agent Amerilawyer 343 Almeria Avenue Coral Gables, Florida 33134			9. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) <u>1201 Hays Street</u> Suite, Apt. #, Etc. City <u>Tallahassee</u> State <u>FL</u> Zip Code <u>32301</u>		
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. Signature of Registered Agent <u>[Signature]</u> Date _____ REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: <u>Robert Pearl, President</u> Date <u>September, 1999</u> (305) 513-5655 SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR Daytime Phone #					

CR2E040 (1/2/95)



THE UNITED STATES
CORPORATION
COMPANY

File
1st

ACCOUNT NO. : 072100000032

REFERENCE : 368580 4301231

AUTHORIZATION :

Patricia Pizoto

COST LIMIT : \$ 900

ORDER DATE : September 8, 1999

ORDER TIME : 1:27 PM

ORDER NO. : 368580-005

CUSTOMER NO: 4301231

CUSTOMER: Jane Jablons, Esq
Kelley, Drye & Warren Llp
101 Park Avenue
30th Floor
New York, NY 10178

DOMESTIC FILINGS

NAME: LALIBRERIA.COM, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich
EXAMINER'S INITIALS _____

RECEIVED
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