

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 26 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000011142

1. Corporation Name
MACINTOSH BOOKS, INC.

Principal Place of Business
2365 PERIWINKLE WAY
SANIBEL FL 33957

Mailing Address
2365 PERIWINKLE WAY
SANIBEL FL 33957



REINSTATEMENT 02-03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/02/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2258062	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 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
D	DOWLING, THOMAS P	129 BALDWIN AVENUE	POINT LOOKOUT NY 11569
D	DOWLING, ROSEMARY A	129 BALDWIN AVENUE	POINT LOOKOUT NY 11569
			900009793379 01/02/03--01079--021 **750.00
			900009793379 03/25/03--01005--003 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURTY, TIMOTHY J ESQ.
1633 PERIWINKLE WAY
SUITE A
SANIBEL FL 33957

JAMES DOWLING
9466 Beverly Lane
Sanibel, FL 33957

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

James Dowling
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 3/10/03

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:

James Dowling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/31/02 239472-1447

CR2E040 (8/02)