

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		Country		59-2258062	
				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		Name: JAMES DOWLING Street Address (P.O. Box Number is Not Acceptable): 9466 Beverly Lane Suite, Apt. #, Etc.: Sanibel, Fl 33957 City: State: FL Zip Code:	

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: 10/31/02 Daytime Phone #: 239 472-1447

CR2E040 (8/02)