

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000080231

1. Corporation Name

FLORIDA TEXTBOOK DEPOSITORY, INC.

Principal Place of Business

405 WEST LOOP 820 SOUTH #100
FORT WORTH TX 76108

Mailing Address

405 WEST LOOP 820 SOUTH #100
FORT WORTH TX 76108

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

2. New Principal Office Address, If Applicable

1541 CHAMPION DR

Suite, Apt. #, etc.

SUITE 200

City & State

CARROLLTON TX

Zip

75006

Country

DALLAS

3. New Mailing Office Address, If Applicable

1541 CHAMPION DR.

Suite, Apt. #, etc.

SUITE 200

City & State

CARROLLTON TX

Zip

75006

Country

DALLAS

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1998

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HAVENER, GARY W	PO BOX 121697	FORT WORTH TX 76121
P	BAKER, JEROME M	1541 CHAMPION DR.	CARROLLTON, TX 75006
V,T,S	BITTICK, CLINTON A.	1541 CHAMPION DR.	CARROLLTON, TX 75006
			8000003464898--2 -11/15/00--01101--011 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

M. JUAN MIXON

Street Address (P.O. Box Number is Not Acceptable)

217 S. ADAMS ST

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/2/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROME M. BAKER, PRESIDENT

Date

11/3/00 972-241-1706

Daytime Phone #

CR2E040 (8/00)