

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUL 19 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P48000080231**

1. Corporation Name

Florida Textbook Depository, Inc.

600007630236--7
-09/10/02--01037--013
****900.00 ****900.00

2. Principal Office Address

600 Freeport Pkwy

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Coppell, TX

Zip

Country

Zip

Country

75019

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/16/1998

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Anne M. Martin

Date

7-12-02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jay S. Hennick	1140 Bay St. Ste. 4000	Toronto, Ontario M5S2B4
D	Tom Aiton	20770 Westwood Dr.	Strongsville, OH 44136
D	D. Scott Patterson	1140 Bay St. Ste. 4000	Toronto, Ontario M5S2B4
P	Todd V. Kosich	600 Freeport Pkwy Ste. 100	Coppell, TX 75019
V	Clinton A. Bittick	600 Freeport Pkwy STE. 100	Coppell, TX 75019
S/T	D. Scott Patterson	1140 Bay St. Ste. 4000	Toronto, Ontario M5S2B4

10. 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

Tom Aiton

Date

7-9-02

Daytime Phone #

(440)868-2630

CR2E081 (9/01)