

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 PM 12:56

DOCUMENT # P98000106144  
1. Corporation Name BRAINTRUST BOOKS, INC.

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-11/07/00--01113--013  
\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT**

2. Principal Office Address <u>10851 KING BAY DR.</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Boca Raton FL</u>		City & State <u>FL</u>	
Zip <u>33498</u>	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>12/21/98</u>	
5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>SNOW E. PICCOLO</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>10851 KING BAY DR.</u>		
Suite, Apt. #, Etc.		
City <u>Boca Raton</u>	State <u>FL</u>	Zip Code <u>33498</u>

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 SNOW E. PICCOLO  
REGISTERED AGENT MUST SIGN

Date AD

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
<u>D</u>	<u>SNOW E. PICCOLO</u>	<u>10851 KING BAY DR</u>	<u>Boca Raton FL 33498</u>

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: SNOW E. PICCOLO 10/12/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5615580188  
Daytime Phone #