PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

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

00 UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 18 PM 2:53

DOCUMENT # P99000000674

1. Corporation Name

BOOK LIQUIDATORS.COM, INC.

Principal Place of Business	Mailing Address
1960 S.W. 30TH AVENUE HALLANDALE FL 33009	1960 S.W. 30TH AVENUE HALLANDALE FL 33009

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/05/1999

5. FEI Number: [X] 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	GOLDMAN, MORRIS	1960 SW 30TH AVENUE	HALLANDALE FL 33009

900003459713--6
-11/09/00--01117--002
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GOLDMAN, MORRIS 1290 WESTON COURT SUITE 100 FT LAUDERDALE FL 33326	Name: MORRIS GOLDMAN Street Address (P.O. Box Number is Not Acceptable): 1960 SW 30TH AVE Suite, Apt. #, Etc.: City: HALLANDALE State: FL Zip Code: 33009

CR2E040 (8/00)

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: Morris Goldman SIGNATURE REQUIRED — Date: 10/16/00
REGISTERED AGENT MUST SIGN

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: Morris Goldman SIGNATURE REQUIRED MORRIS GOLDMAN — 10/16/00 — 9544554255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD

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MEMO TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: MORRIS GOLDMAN, PRES.
BOOKLIQUIDATORS.COM, INC.

SUBJECT: REINSTATEMENT APPLICATION
DOCUMENT# P99000000674

DATE: 10/16/00

WE RECEIVED IN THE MAIL THIS MORNING A NOTICE OF ADMINISTRATIVE DISSOLUTION.

WE CALLED YOUR OFFICE TO ADVISE THAT WE HAVE NEVER RECEIVED ANY NOTIFICATION OR BILLING OF ANY AMOUNT DUE. IN MY CONVERSATION WITH TYRONE OF YOUR OFFICE, HE STATED THAT I MUST NOTIFY YOUR OFFICE IN WRITING AND REQUEST REINSTATEMENT ALONG WITH A CHECK FOR $150.00 WHICH IS ENCLOSED.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

Morris Goldman, pres

MORRIS GOLDMAN, PRESIDENT
BOOKLIQUIDATORS.COM, INC.