<del></del>	PLEASE READ					ואפ וחוָט דטמו	IVI.	
APPLICAT	ION	FLORIDA DEPARTMENT OF STATE						
FOR	- M - W	Sandra B. Mortham			FILED			
REINSTATEMENT		Secretary of State DIVISION OF CORPORATIONS		00 MAR 29 PM 2: 38				
DOCUMENT # 9/210					SECRETARY OF STATE THE CANADA ASSEE, FLORIDA			
1. Corporation Name					MELAN ASSEE, FLORIUM			
A&D Publications Corporation							,	
Principal Place of Business Mailing Address					1		Œ	
Enterprise Center								
3201 SW 15th Street								
Deerfield Beach, FL 33442					DE MAIO	CTATES		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					UCIL	STATEM		
	e Address, If Applicable	New Mailing Office Address, if Applicable			4. Date Incorporated or Qualified			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			To Do Business in Florida 10/26/1990			
	<u> </u>	the second secon			5. FEI Number Applied For 65-0234067 Not Applicable			
City & State		City & State			6.	3406/	Not Applicable	
Zip Country 2		Zip Country		,	CERTIFICATE OF STATUS DESIRED 56.75 Additional Fee require- 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)	Name of Officers and/or Directors			et Address of Eac			City / State / Zip	
1 2			3 (Do NOT Use Post Off					
Dir Peter Vegso			3201 SW 15th St			reet 33442 Deerfield Beach, FL		
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				·			95761	
					-04/04/00-01031-015 ***1350.00 ***1350.00			
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8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
Name					- · · · · · · · · · · · · · · · · · · ·			
Kids_Books		Peter Vegso						
3201 SW 15th Street Deerfield Beach, FL 33442				3201 SW 15th Street				
33172				Suite, Apt. #, Etc.				
City					Deerfield Beach State Zip Code 33442			
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 or								
Registered Agent Date Date								
11. This corporation owes or has paid the current year (See other side for information								
Intangible Personal Property tax due June 30. Yes No X								
12. 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 filling 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 name 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.								
WE !								
Boton Vocas 03/31/00 054-360 0000								
SIGNATURE: Peter Vegso 03/21/00 954-360-0909 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								