PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State Ision of Corporations	SECRETARY OF STATE DIVISION OF CHARLES AND SECRETARY OF STATE
DOCUMENT # 5 4 2 3 69 1. Corporation Name		
Book Bezaar, Inc.		nstatement 05-06
2. Principal Office Address 1488 Main St Suite, Apt. #, etc. 3. Mailing Office Address 1488 Wain St. Suite, Apt. #, etc.		CR2E081 (12/05)
City & State City & State		orporated or Qualified usiness in Florida OY/02/1991 sber Applied For
34236 Country 5A 342	Country	Not Applicable Not Applicable S8.75 Additional Fee required for a Certificate of Status
Name Name Name Name Name Name Name Name		
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 Date 8/10/66 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 for Directors	Street Address of Each Officer and/or Director	City / State / Zip
P Joseph S. Phillips	7 Bull St.	Newport RI 02840
VP G.P. Hurst	526 So. Pelican Dr	Savasota, FL 34237
	097	20000000000000000000000000000000000000
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 contained in Chapter 119, 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 Diste Daytime Phone #		



PARKER,

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BOOKS

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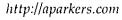
a r i a September 06, 2006

Dear Sirs:

As required, I am enclosing this letter stating that I have no record for or memory of receiving your notice. I therefore request that you waive the reinstatement fee for A. Parker's and Book Bazaar.

Thank you for your attention.

Gary Hurst



phone: 941-366-1373 • fax: 941-957-3779

toll-free US: 888-317-7300 · email: books@aparkers.com 1488 Main Street Sarasota, Florida 34236

