

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 563825

1. Corporation Name

Book Warehouse of St. Augustine, Inc.

2. Principal Office Address

11130 Kingston Pike

Suite, Apt. #, etc.

Suite 1-184

City & State

Knoxville, TN

Zip

37922

Country

USA

3. Mailing Office Address

11130 Kingston Pike

Suite, Apt. #, etc.

Suite 1-184

City & State

Knoxville, TN

Zip

37922

Country

USA

4. Date Incorporated or Qualified

-- To Do Business in Florida: 07-01-1991

5. FEI Number

59-3037353

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

~~GT Corporation System~~

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

REGISTERED AGENT MUST SIGN

Date

3/9/01

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
DP	Dean Winegardner	3000 River Haven Pt.	Knoxville, TN 37922
S	Jill Shipman	165 West End Ave.	Knoxville, TN 37922

**REINSTATEMENT 2000-01**

M.W

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.

Book Warehouse of St. Augustine, Inc.

SIGNATURE: by

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

as President/Director

2-21-01

Date

865-675-2192

Daytime Phone #