

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 582039

1. Corporation Name **BOOKTRADERS, INC.,\***

[See Name Change Amendment filed together  
herewith changing name to ABOOKTRADER, INC.]

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**301 West Central Ave.**

3. New Mailing Office Address, If Applicable  
**301 West Central Ave.**

4. Date Incorporated or Qualified  
To Do Business in Florida **8/14/1978**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
**59-1853660**

Applied For  
Not Applicable

City & State  
**Winter Haven, FL**

City & State  
**Winter Haven, FL**

Zip **33880** Country **USA**

Zip **33880** Country **USA**

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P / D	Frank J. Ujlaki	1415 Avenue D	Winter Haven, FL 33881-4336

200003045262--5  
11/16/99--01006--014  
\*\*\*1550.00 \*\*\*1500.00

**REINSTATEMENT**

C. COULLETTE NOV 16 1999

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Frank J. Ujlaki  
1415 Avenue D  
Winter Haven, FL 33881-4336

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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

*Frank J. Ujlaki*

REGISTERED AGENT MUST SIGN

Date **10/20/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes  No

(See other side for information on intangible tax.)

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 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:

*Frank J. Ujlaki*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank J. Ujlaki  
President

10/20/99

Date

863-2999-8170

Daytime Phone #

FILED  
99 NOV 15 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/98)