

**APPLICATION FOR REINSTATEMENT**



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

**FILED**

**00 DEC 13 AM 9:26**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

**DOCUMENT # 582039**

1. Corporation Name  
**ABOOKTRADER, INC.**

Principal Place of Business      Mailing Address  
 301 WEST CENTRAL AVE.      301 WEST CENTRAL AVE.  
 WINTER HAVEN FL 33880      WINTER HAVEN FL 33880



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/14/1978	
City & State		City & State		5. FEI Number	
Zip		Zip		59-1853660	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	UJLAKI, FRANK J.	1415 AVENUE D NE	WINTER HAVEN FL 33881
			<del>988883515269</del> 4 -12/28/00--01019--006 ****750.00 ****750.00

*Frank Ujlaki*  
*10/17 OK*  
*OK No Change*  
*Frank J. Ujlaki*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
UJLAKI, FRANK J. 1415 AVENUE D NE WINTER HAVEN FL 33880		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #		
		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*      Date: *Dec 8, 2000*

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:** *Frank J. Ujlaki*      *Dec 8, 2000*      \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #