

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 28 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 582039

1. Corporation Name
ABOOKTRADER, INC

REINSTATEMENT 02-10

100167462641
01/28/10--01033--010 **1350.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
41 3rd Street NW
Suite, Apt. #, etc

3. Mailing Office Address
41 3rd Street NW
Suite, Apt. #, etc

City & State
Winter Haven, FL
Zip
33881 Country
USA

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Winter Haven, FL
Zip
33881 Country
USA

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number
59-1853660 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
FRANK J. UJLAKI
Street Address (P.O. Box Number is Not Acceptable)
41 3rd Street NW
Suite, Apt. #, Etc
City
Winter Haven State
FL Zip Code
33881

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box you are certifying the prior notices were not received and requesting the reinstatement fee be waived

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 **Frank J. Ujlaki** Date **Jan 26, 2010**
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/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/D	FRANK J UJLAKI	1415 Ave D. NE	Winter Haven, FL 33881

10. E-mail Address: ~~simianfl@hotmail.com~~ **simianfl@hotmail.com**
(To be used for future annual report notification)

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. I further certify, 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** Date **Jan 26 2010** (863) 206-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #