


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P99000009699**

1. Corporation Name  
**ABSOLUTE BUSINESS SOFTWARE, INC.**

**FILED**  
 01 NOV 14 AM 11:16  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
7513 YELLOW BLUFF RD PANAMA CITY FL 32404-8537	7513 YELLOW BLUFF RD PANAMA CITY FL 32404-8537

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

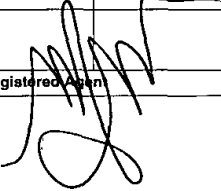
4. Date Incorporated or Qualified To Do Business in Florida	01/28/1999
5. FEI Number	59-3590358
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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
PST	WALKER, GILBERT D	7513 YELLOW BLUFF RD	PANAMA CITY FL 32404

200004719342-8  
 -12/11/01--01073--017  
 \*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent


WALKER, GILBERT D  
 7513 YELLOW BLUFF RD  
 PANAMA CITY FL 32404-8537



9. Name and Address of New Registered Agent

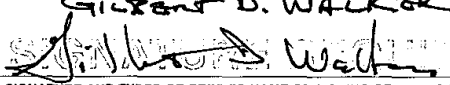
Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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:  Date: 10.02.01

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)(l), 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:  Date: 10.02.01 Daytime Phone #: 920 871-3480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)