

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P99000009699**

1. Corporation Name

**ABSOLUTE BUSINESS SOFTWARE, INC.**

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

**REINSTATEMENT** 03

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

\$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<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director | 4<br>City / State / Zip                       |
|---------------|--|---|---|
| PST           | WALKER, GILBERT D                      | 7513 YELLOW BLUFF RD                                | PANAMA CITY FL 32404                          |
|               |  |   | 900024412299<br>11/04/03--01047--021 **750.00 |
|               |  |   |   |
|               |  |   |   |
|               |  |   |   |
|               |  |   |   |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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. or 617.0505, F.S.

Signature of Registered Agent

Date

27.05.03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27.05.03

Date

Daytime Phone #

930  
921-3100

CR2E040 (7/03)