

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

01 MAR -5 PM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000032074**

1. Corporation Name

ULTIMATE CLASSIFIEDS PUBLISHING, INC.

Principal Place of Business

Mailing Address

PO BOX 82008
TAMPA FL 33682

PO BOX 82008
TAMPA FL 33682



REINSTATEMENT 00-01

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

2. New Principal Office Address, If Applicable

4806 N. Clark Ave.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/08/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3571373

Applied For

Not Applicable

City & State

Tampa, FL

City & State

Zip
33614

Country
USA

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CSANADI, GEORGE	PO BOX 82008	TAMPA FL 33682

800003829258--9
-03/09/01--01136--002
***758.75 ***758.75

08/24/0090034005 #130

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOWE, FREDERICK T ESQ
FREDERICK T. LOWE, ESQ., P.A.
3825 HENDERSON BLVD SUITE 605A
TAMPA FL 33629

Name

George Csanadi

Street Address (P.O. Box Number is Not Acceptable)

4806 N. Clark Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

3-1-01

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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-01

Daytime Phone #

813-673-8855

CR2E040 (8/00)