

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 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002488

1. Corporation Name

ABSOLUTE BACKORDER SERVICES, INC.

Principal Place of Business

Mailing Address

475 WASHINGTON STREET
WRENTHAM MA 02093

475 WASHINGTON STREET
WRENTHAM MA 02093

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

05/01/1998

5. FEI Number

04-3324132

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	JAEGER, GLENN	36 EDWARDS ROAD	FOXBORO MA 02035
			700024412217 11/04/03--01047--019 **150.00

8. Name and Address of Current Registered Agent

ZOPHRES, THEO
6200 ALMOND TERRACE
PLANTATION FL 33317

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. or 617.0505, F.S.

Signature of
Registered Agent

Theo Zophres

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

10/27/03

(508) 384-0122

CR2E040 (7/03)

Absolute Backorder Service, Inc.

"Your completed library collection today, will educate for tomorrow"

Department of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

October 27, 2003

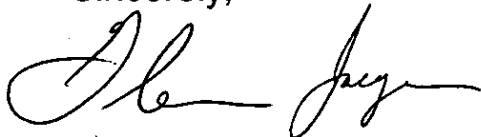
Dear Gentlepeople,

Enclosed please find our payment for the Annual Report fee along with the Corporate Supplemental fee.

I request that the reinstatement fee be waived due to non-receipt. We have enjoyed doing business with the State of Florida and would appreciate your acceptance of our remittance as payment in full.

Kindly advise receipt at your earliest convenience.

Sincerely,



Glenn Jaeger-President
Absolute Backorder Service, Inc.