

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000134924**

1. Corporation Name **ABSOLUTE Realty Services Inc**

2. Principal Office Address - No P.O. Box #

4305 W. Jetton Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33629

Country

USA

3. Mailing Office Address

4305 W. Jetton Ave

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33629

Country

USA

7. Name and Address of Current Registered Agent

Name

Dan Totcky

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

4305 W. Jetton Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11-9-09**

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	Dan Totcky	4305 W. Jetton Ave	Tampa, FL 33629

10. E-mail Address: **DANTOTCKY@yahoo.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:

[Signature]

Dan Totcky, President

11-9-09

813-833-2352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 NOV 16 PM 4: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200162843492

11/16/09--01028--010 **450.00

CR2E081-(11/09)

REINSTATEMENT 02-09

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2003

5. FEI Number

542132646

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.