

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -6 AM 8:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000019994

1. Corporation Name

AMERICAN BUYERS ASSOCIATION CORPORATION

Principal Place of Business

% MATTHEW S. WILLIAMS
21945 U.S. 19, NORTH
CLEARWATER FL 34625

Mailing Address

2300 TALL PINES DR.
STE. 125
LARGO FL 34641
US

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

2. New Principal Office Address, If Applicable

P.O. Box 2467

Suite, Apt. #, etc.

City & State

LARGO FL

Zip
33779

Country
U.S.A.

3. New Mailing Office Address, If Applicable

P.O. Box 2467

Suite, Apt. #, etc.

City & State

LARGO FL

Zip
33779

Country
U.S.A.

REINSTATEMENT

9600

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1993

5. FEI Number

59-3175577

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSD	CHRISTOPOULOS, SOTIRIOUS	21945 US 19, NORTH	CLEARWATER FL 34625
NOVACK, JOSEPH	21945 U.S. 19, NORTH	CLEARWATER FL 34625	

3000002051689--4

01/08/97 01123 015

1125.00 *375.00

8. Name and Address of Current Registered Agent

SOTIRIOUS, CHRISTOPOULOS S
21945 U.S. 19, NORTH
CLEARWATER FL 34625

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/31/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

[Signature]
SOTIRIOUS CHRISTOPOULOS

12/31/96

(813) 539-6999

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #