PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 10 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11318

1. Corporation Name

Americabilia.Com, INC.

2. Principal Office Address	**3.** Mailing Office Address
5720 SOUTH ARVILLE	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 114	Same
City & State	City & State
Las Vegas, NV	Same
Zip / Country	Zip / Country
89118 / US	

01-02

4. Date Incorporated or Qualified To Do Business in Florida 08-15-89

5. FEI Number 65-0142472 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Capital Connection Inc.

Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia St.

300008724133
10/31/02--01033--019 **900.00

Suite, Apt. #, Etc.: Suite 1

City: Tallahassee | State: FL | Zip Code: 32301

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 Stacey Leggett Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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/D	Armin Van Damme	5720 SOUTH ARVILLE Suite 114	Las Vegas, NV 89118
CAO DIR	Rainer Essing	5720 SOUTH ARVILLE Suite 114	Las Vegas, NV 89118
D	Othmar Van Dam	5720 SOUTH ARVILLE Suite 114	Las Vegas, NV 89118
ST/D	Marc Janssens	5720 SOUTH ARVILLE Suite 114	Las Vegas, NV 89118

10. 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: Armin Van Damme President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-09-02 Daytime Phone #