## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name

## AUCTION SERVICES INTERNATIONAL/FLORIDA 100 REALT Y INC.

Principal Place of Business

Mailing Address

1150 S. US HIGHWAY ONE CHITE 100

17140 THUNDER RD RIDITED EL 22470

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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JUMILER	FL 334//					EMSTA	ITEMENT	030	
If above	addresses are	incorrect in any way, line	e through incorrect	information and	enter correction below.		* 0 50 5 4 9 17 19 1	0	
New Principal Office Address, If Applicable     3. New Mail				ing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida 01/12/1990			
Suite, Apt. #, etc. Suite, A			Suite, Apt.	, etc.		5. FEI Number Applied For			
City & State			City & State	City & State			65-0228637 Not Applicable		
Zip Country		Country	Zip	C	Country		6. CERTIFICATE OF STATUS DESIRED 6 58.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	Idresses of Each Officer	and/or Director (Fl	orida nonprofit co	orporations must list at le	east 3 directors)		·	
Title(s)	s) Name of Officers and/or Directors			3	Street Address of Eac Officer and/or Directo	City / Ctoto / Zin			
PD	RICE, JON			1150 S US HWY ONE #102		,	JUPITER FL		
					;	10/25/	<b>0008590</b> 0 0201037006	)54 **750.00	
•				,	/	1/10/2-1			
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent				
17140	JON , <del>JOHN</del> -D SI O THUNDER TER FL 3347	RD	_		Name Street Address ( Suite, Apt. #, Etc.	P.O. Box Number is Not Acceptable)			
					City		FI	<del></del>	
0. I, being	g appointed th	e registered agent of the	above named com	oration, am famil	liar with and accept the o	bligations of Secti	ion 607.0505. F.S. or 617.05	605. F.S.	

11.1 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN