

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # L94050

1. Corporation Name

ABSOLUTE AUCTIONS, INC.

Principal Place of Business

511 JENNIFER LANE
WINDERMERE FL 34786

Mailing Address

P.O. BOX 610
WINDERMERE FL 34786

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

2. New Principal Office Address, If Applicable

54822 Third St

Suite, Apt. #, etc.

City & State
Astor Florida

Zip Country
32102 USA

3. New Mailing Office Address, If Applicable

P.O. Box 599

Suite, Apt. #, etc.

City & State
Astor Florida

Zip Country
32102 USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/1990

5. FEI Number

59-3047103

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 |
| ST | MANOR, DAVID | 511 JENNIFER LANE 54822 Third St | WINDERMERE FL 34786 Astor FL 32102 |
| | | | 000002584510-003-6 07/21/98-010000 ***750.00 ***750.00 |
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REINSTATEMENT

8. Name and Address of Current Registered Agent

MANOR, DAVID
511 JENNIFER LANE
WINDERMERE FL 34786

9. Name and Address of New Registered Agent

Name
MANOR, David A.
Street Address (P.O. Box Number is Not Acceptable)
54822 Third St
Suite, Apt. #, Etc.
City
Astor
State
FL
Zip Code
32102

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

David A. Manor

REGISTERED AGENT MUST SIGN

Date

12/20/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(f), 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:

David A. Manor David A. Manor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/97 352 759-3984

Daytime Phone #

CR2040 (8/97)