

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUL 16 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P00000005918

1. Corporation Name

Certified Auction Company Inc

2. Principal Office Address

328 East Shadyside Circle

Suite, Apt. #, etc.

City & State

West Palm Beach FL

Zip

33415

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 19 2000

5. FEI Number

65-0974012

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

Gerald S. Leshner

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

1555 Palm Beach Lakes Blvd Suite 1510

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33401

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

Gerald S. Leshner

REGISTERED AGENT MUST SIGN

Date 6-28-02

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	Marcio Eric Valenziano	328 E Shadyside Circle West Palm Beach FLORIDA 33415	
D	Gerald S. Leshner	1555 Palm Beach Lakes Blvd Suite 1510	West Palm Beach FL 33401

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:

Gerald S. Leshner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/02

Date

561-47-7155

Daytime Phone #

CR2E081 (9/00)