

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000005918**

1. Corporation Name

CERTIFIED AUCTION COMPANY INC.

Principal Place of Business

328 EAST SHADYSIDE CIRCLE
WEST PALM BEACH FL 33415

Mailing Address

328 EAST SHADYSIDE CIRCLE
WEST PALM BEACH FL 33415

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

2. New Principal Office Address, if Applicable

2070 SCOTT AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

2070 SCOTT AVE
Suite, Apt. #, etc.

City & State
WPB. FL.

Zip 33409 Country USA

City & State
W.P.B. FL.

Zip 33409 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2000

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	VALENZIANO, MARCIE E	328 EAST SHADYSIDE CIRCLE	WEST PALM BEACH FL 33415
LESHER, GERALD S	LESHER, GERALD S	1555 PALM BEACH LAKES BLVD, SUITE	WEST PALM BEACH FL 33401

800023956328

10/20/03--01057--002 **150.00

8. Name and Address of Current Registered Agent

LESHER, GERALD S
1555 PALM BEACH LAKES BLVD.
SUITE 1510
WEST PALM BEACH FL 33407

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-14-03

11. 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:

Marcie E. Valenziano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-14-03 564-684-2318

Date

Daytime Phone #

CR2E040 (7/03)

CERTIFIED AUCTION COMPANY

October 14, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed please find application to reinstate the cooperation of Certified Auction Company. This is the first notice we have received regarding this revocation. The address on the application is a resident that is not occupied during the summer and the accumulated mail did not have a notice from the Florida Department of State.

Marcie Valenziano


President

Cc: file