


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000040826

1. Corporation Name

SILENTAUCTIONONLINE.COM, INC.

Principal Place of Business

P.O. BOX 600079
JACKSONVILLE FL 32260-0079

Mailing Address

P.O. BOX 600079
JACKSONVILLE FL 32260-0079

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/2000

5. FEI Number

59-3641595

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	City / State / Zip
D	MORRISON, TOM	9036 SUMMIT CENTER WAY, #205 1393 Shooting Star Ln.	MAITLAND FL 32810 Jacksonville FL 32259
			600004705246--3 -12/05/01--01006--020 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

LIGHTSEY, ALTON L.
2600 TECHNOLOGY DRIVE, SUITE 200
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

REGISTERED AGENT MUST SIGN

Date 10/23/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tom Morrison 10/18/01 964-287-1699

SilentAuctionOnline.com, Inc.

PO Box 600079 Jacksonville, FL 32260-0079
904-230-2754 ☐ 877-975-9355 ☐ 904-287-2834
www.SilentAuctionOnline.com ☐ support@silentauctiononline.com

Thursday, November 15, 2001

DIVISION OF CORPORATIONS
SECRETARY OF STATE
PO BOX 6327
TALLAHASSEE, FL 32314

Dear DIVISION OF CORPORATIONS,

Per my conversation with your office, please find my reinstatement form with my check for \$150. In our discussions, it was noted on your file that I never received any of the notices for my corporation renewal.

If you should need anything further, please feel free to give me a call.

Sincerely,



Tom Morrison
Founder & President
