

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 APR 29 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***900.00 ***900.00

CORPORATION REINSTATEMENT



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

DOCUMENT # P000000 87363

1. Corporation Name
EMAZE AUCTION SOFTWARE, INC

2. Principal Office Address 6103 JOHNS RD Suite, Apt. #, etc. SUITE 1		3. Mailing Office Address P.O. BOX 260502 Suite, Apt. #, etc.	
City & State TAMPA FL		City & State TAMPA, FL	
Zip 33634	Country USA	Zip 33685	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **09-14-2000**

5. FEI Number 59-3671076	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JOHN V. TORTORELLO

Street Address (P.O. Box Number is Not Acceptable)
4822 BONITA VISTA DR.

Suite, Apt. #, Etc.

City
TAMPA

State
FL

Zip Code
33634

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 *JV Tortorello* REGISTERED AGENT MUST SIGN

Date **4/10/2002**

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	BRIAN PLANNICK	6103 JOHNS RD # 1	TAMPA, FL 33634
VST	KIMBERLY PLANNICK	6103 JOHNS RD # 1	TAMPA, FL 33634
V	JOHN V. TORTORELLO	4822 BONITA VISTA DR	TAMPA, FL 33634

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)(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: *JV Tortorello* V.P. JOHN V. TORTORELLO, V.P. 4/10/02 813-881-1425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)

11 5/16/02