

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 APR 29 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 87363

1. Corporation Name

EMAZE AUCTION SOFTWARE, INC

200005493252--8

-05/09/02--01008--019

****900.00 ****900.00

2. Principal Office Address

6103 JOHNS RD

Suite, Apt. #, etc.

SUITE 1

City & State

TAMPA FL

Zip

33634

Country

USA

3. Mailing Office Address

P.O. BOX 260502

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33685

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09-14-2000

5. FEI Number

59-3671076

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

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

J. 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)(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:

J. Tortorello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN V. TORTORELLO, V.P. 4/10/02 813-881-1425

Date

Daytime Phone #

CR2081 (9/01)