

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REMOVED
AND
FILED

05 MAY 27 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000064283

1. Corporation Name
Auctions + Appraisals By Lipscomb, Inc.

2. Principal Office Address
733 New York Street

Suite, Apt. #, etc.

City & State
West Palm Beach, FL.

Zip
33401

Country
US

3. Mailing Office Address
733 New York Street

Suite, Apt. #, etc.

City & State
West Palm Beach, FL.

Zip
33401

Country
US

REINSTATEMENT

13-05

4. Date Incorporated or Qualified
To Do Business in Florida 06/11/2002

5. FEI Number
731645748

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
Donald B. Lipscomb

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

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

Donald B. Lipscomb

REGISTERED AGENT MUST SIGN

Date 5/25/05

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	Donald B. Lipscomb	733 New York Street	West Palm Beach, FL 33401
VP	Noralee Lipscomb	733 New York Street	West Palm Beach, FL 33401

400055413014

05/27/05--01049--007 **1050.00

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:

Donald B. Lipscomb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/05 561-659-2025

Date

Daytime Phone #

CR2E081 (01/05)