PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		FILED 11 MAR 29 AM 8: 48		
DOCUMENT # P02000075628				SECKLIARY OF STATE TALLAHASSEE, FLORIDA		
1. Corporation Name LEE FLEMING AUCTION, INC.				TALLAHASSEE, PLONIDA		
LEE PLEIMING AUCTI	JN, INC.		4	NN 197197494		
Principal Office Address - No P.O. Box # 3. Mailing 0 3975 Wilshire Circle East		Office Address	03/2 41 03/0	00197137484 9/1101031015 **450.00 00197137484 8/1101035009 **750.00		
Suite, Apt. #, etc. Suite, Ap		, etc.	4. Date Incore	CR2E081 (11/10)		
City & State City & Sarasota, Florida		City & State		ness in Florida 07/11/2002		
Zip Country 34238 V.S.A	Zip	Country	6. CERTIFICAT	O Not Applicable E OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
	dress of Current Regis	stered Agent		ior a definition of country		
Richard D. Ahlquist			S. HAWKES			
Street Address (P.O. Box Number is Not Acceptable) 4509 Bee Ridge Road						
Suite, Apt. #, Etc. Unit D			MAR 0 8 2011			
city Sarasota, Florida	State Zip Code FL 34233]	EXAMINER			
8. I, being appointed the registered agent of the above names opporation am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 2-18-11						
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		
D Lee Fleming	Lee Fleming 3975 Wilshire		rcle East Sarasota, FL 34235			
REINSTATEMENT						
REINSTATEMENT						
10. E-mail Address: Leathang & Bonshine collection · com						
(To be used for future annual report notification) 11. It certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that take information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817,155, F.S. SIGNATURE:						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #						