


# 2009 FOR PROFIT CORPORATION REINSTATEMENT


DOCUMENT # P04000021630		
1. Entity Name THE AUCTION COMPANY & ASSOCIATES, INC.		

Principal Place of Business 175 TONEY DENNA DR STE 204 JUPITER, FL 33458	Mailing Address 175 TONEY DENNA DR STE 204 JUPITER, FL 33458
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2. Principal Place of Business - No P.O. Box # 18792 OSPREY WAY	3. Mailing Address 18792 OSPREY WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JUPITER FL	City & State JUPITER, FL
Zip 33458	Country USA

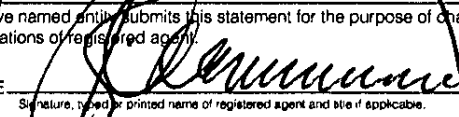
**FILED**  
09 MAY 28 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262009 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent ACCURSIO, JAMES J 745 US HWY ONE SUITE 102 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name JAMES J. ACCURSIO Street Address (No. 100 Number is Not Applicable) 18792 OSPREY WAY City JUPITER FL Zip 33458	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

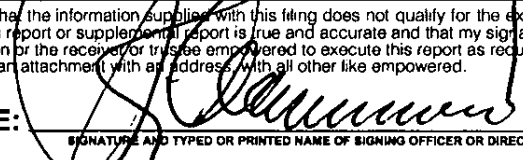
SIGNATURE:  DATE: 4/27/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ACCURSIO, JAMES J 745 US HWY ONE, SUITE 104 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JAMES J. ACCURSIO 18792 OSPREY WAY JUPITER 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500156590195 06/01/09--01003--021 ***600.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE: 4/27/09 5617447110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR