2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000021630				F 31 C	10 P	
1. Entity Name THE AUCTION COMPANY & ASSOCIATES, INC.			FILED			
			']	09 HAY 28 AM 9: 10		
Principal Place of Business Mailing Address		•				
175 TONEY DENNA DR STE 204			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
JUPITER, FL 33458 JUPITER, FL 33458			\$ (\$0)(\$0) \$1) \$0)	VELAUMONIA DEL		
2. Prosipal Place of Business. No P.O. Box Ay 3. Mailing Address OSPREY WAY 18792 OSPRE		REY WAY				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04262009			
				REIN-P	CR2E098 (1/07)	
STUPLTER FL	TUDITER, FL		4. FEI Number 36-45439			plied For t Applicable
33450 Contrusa	zip33458	Countral	5. Certificate of S	Status Desired [\$8.75 Add Fee Required	
6. Name and Address of Current I		Name 1	7. Name and Ad	dress of New Regis	tered Agent	
ACCURSIO, JAMES J	J	JAMES J. ACCURSIO				
745 US HWY ONE SUITE 102	Street Address	Street Address & Total Symbol WAY				
NORTH PALM BEACH, FL 83408						
	City	MOITE	R	FL 2339	15B	
8. The above named antipy 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 registred agent. 4/24/08						
SIGNATURE Signature, typed by printed name of registered appert and bits of applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
		·	le le	accordance with	• 607 103/2\/b\	E C tho
FILE NOW!!! FEE IS \$300.00				accordance with a corporation did not a		
10. OFFICERS AND I		11.		ANGES TO OFFICER		
NAME PST ACCURSIO, JAMES J	☐ Delete	NAME C	RESIDENT	Accidentic	Change	Addition
· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS LF	AMES J. 1 3792 OSAR	accors in	TIDNITTO	22450
TITLE NORTH FALM BEACH, FE 33401	Delete	11112-21 F C	77 Ja Dark	EI WAY	☐ Change	☐ Addition
NAME	 20000	NAME				
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY: ST-ZIP				
TITLE	☐ Delete	TITLE			☐ Change	Addition
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CITY-ST-ZIP		CITY-ST-ZIP				- Addition
TITLE NAME	□ Defete	TITLE NAME			☐ Change	Addition
STREET ADDRESS C:TY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE	☐ Delete	TITLE			☐ Change	Addition
NAME OXISTY LONDSON		NAME				
STREET ADDRESS CITY-ST-ZIP	\rightarrow	STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify the the information supplies with indicated on this report or supplemental report is	this filing does not qualify for the	ne exemptions containe	ed in Chapter 119, Flo	orida Statutes. I furth	er certify that the in	formation or director
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 eath; that I am an officer or director of the corporation or the received or trystee emp every document to execute this report as reclaired by Chapter 607, Florida Statutes; and that rify name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.						
SIGNATURE: 427/09 56/747/10						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysime Phone #						3.70