1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CO[illegible]TION
REINSTATEMENT
2013-2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 JUL -8 AM 8:41
TALLAHASSEE, FLORIDA

DOCUMENT # P12000060125

1. Corporation Name
Kodner Auction Galleries, Inc.

REINSTATEMENT 13-14

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
24 S. Dixie Hwy	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth FL	City & State
Zip: 33460 Country: Palm Beach	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number [X] 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: Dana F. Charles, Esq.
Street Address (P.O. Box Number is Not Acceptable): 7777 Glades Road
Suite, Apt. #, Etc.: Suite 100
City: Boca Raton State: FL Zip Code: 33434

600262052566

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: Emily Gray Date: 7/7/14
REGISTERED AGENT MUST SIGN

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	Bruce Kodner	24 S. Dixie Hwy	Lake Worth FL

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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., 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 false 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: BK Kodner 7/6/14 (501) 585-999[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. ASHTON

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 179274 7147059

AUTHORIZATION :

COST LIMIT : $ 900.00

ORDER DATE : June 16, 2014

ORDER TIME : 3:18 PM

ORDER NO. : 179274-005

CUSTOMER NO: 7147059

DOMESTIC FILINGS

NAME: KODNER AUCTION GALLERIES, INC.

RECEIVED
DEPARTMENT OF STATE
14 JUL -7 PM 4:14

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - Ext# 62925

EXAMINER'S INITIALS _____