

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000040072**

1. Corporation Name

ALLSTATE AUCTIONEERS, INC.

Principal Place of Business

Mailing Address

**1480 GOLDEN GATE PARKWAY
NAPLES FL 33942**

**1480 GOLDEN GATE PARKWAY
NAPLES FL 33942**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

103271

Suite, Apt. #, etc.

103271

City & State

City & State

Zip **34105**

Country

Zip **34105**

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1994

5. FEI Number

65-0498307

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GLUCKMAN, KEN	1480 GOLDEN GATE PARKWAY, #103	NAPLES FL 33942

800001955138
-09/24/96--01137--015
******225.00 ****225.00**

[Handwritten signature]
9/18/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GLUCKMAN, KEN
1480 GOLDEN GATE PARKWAY
SUITE 103
NAPLES FL 33942**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

34105

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Handwritten signature]
REGISTERED AGENT MUST SIGN

Date

9/18/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten signature]

Date

9/18/96 ⁹⁴¹ **999-1155**

Daytime Phone #