## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM			)	Secretar	TMENT OF S y of State corporations	STATE		0		2 811 1:	_
DOCUMENT # 796 000034723  1. Corporation Name Hamilton Fine Art & Auction, Inc.												LĴA
2. Principal Office Address 3601 W. Commercial Blvd.				3. Mailing Office Address 3601 W. Commercial Blvd.				REINSTATEMENT 04-05				
Suite, Apt. #, etc. Suite #9 & 10				Suite, Apt. #, etc. Suite #9 & 10				4. Date Incorporated or Qualified				
City & State Fort Lauderdale, Florida				City & State Fort Lauderdale, Florida				To Do Business in Florida March 1997  5. FEI Number Applied For				
Zip 33309		Country	ntry Zip			Country		65-0660 6. CERTIFICATE		JS DESIRED	\$8.75 Addition	Not Applicable
00000	7. Name and Address of Current Registered Agent											
	Name Janice A. Hamilton											
	Street Address (P.O. Box Number is Not Acceptable) 826 Coconut Drive											
	Suite, Apt. #, Etc.											
	City Fort Lat	nle				State <b>FL</b>	Zip Code 33386 3	33/5	9.4			
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  REGISTERED AGENT MUST SIGN												
9. Names	and Siveer A	dresses	of Each Officer ar	nd/or Director (Flo	rida nonpre	ofit corporations mu	ust list at lea	ast 3 directors)				
Titles	Name of Officers and/or Directors			5	Street Address of Ea Officer and/or Direct							
Pres.	Janice A. Hamilton				826 C	oconut Drive			Fort Lauderdale, Florida 33309			
								- <b>1</b> t	<b>)0</b> 0 705-	4450 01015-0	2751 6 ***	00.00
								81 05/2/	) <u>(</u> 05	5519 <del>01074-0</del>	9645 <del>07 ***</del> 8	3 <del>99.00</del>
10. 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  Date  Destine Phone #												
	s	PNE I URI	E AND TYPED OR P	KIN I ED NAME OF	SIGNING OF	rICER OR DIRECTO	<b>-</b>		/ Uate		Daytime Phone #	