

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081656

1. Corporation Name

ABLEAUCTIONS.COM, INC.

10/2
FILED
01 NOV -8 PM 7:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

1963 LOUGHEED HIGHWAY
COQUITLAM BC V3K-3T8
CA

Mailing Address

3112 BOUNDARY RD
BURNABY BC V5M-4A2
COQUITLAM BC
V3K-3T8

HIGHWAY



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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1996

5. FEI Number

59-3404233

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	LADHA, ABDULL	8824 YARROW PLACE	BURNABY BC V3N
D	SLEEMAN, BARRETT	PO BOX 1811, 2225 W 44ST AVENUE	VANCOUVER BC V6M
ST	DODD, JEREMY	11824 189 B STREET	PITT MEADOWS BC V3Y
CFO	YELLAM, N.H. RON, MILLER	8258 GOVERNMENT ROAD 3260 SPRINGHILL PLACE	BURNABY BC V5A RICHMOND BC V7E 1X2
V D	BLEET, JERRY DR. DAVID VOGT	10871 BROMLEY PLACE 3771 WEST 15th AVENUE	RICHMOND BC V7A VANCOUVER B.C. V6R 2Z7

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

000004717120--2

-12/10/01--01096--020

****750.00 ****750.00

FL

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.

Please see consent form attached.

Signature of
Registered Agent

SIGNATURE OF REGISTERED AGENT
See Attached

Date

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., 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

Daytime Phone #

RON MILLER CFO

10/30/01

604-521-3369

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FLORIDA

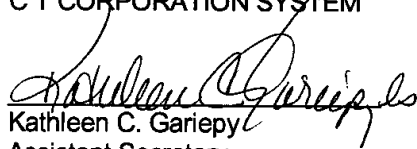
CONSENT TO SERVE AS REGISTERED AGENT

C T CORPORATION SYSTEM having been designated to act as registered agent
hereby agrees to act in this capacity for the following corporation:

Ableauctions.com, Inc.

Date: October 29, 2001

C T CORPORATION SYSTEM


Kathleen C. Gariepy
Assistant Secretary