

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 JAN 30 PM 12:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P97000060063 1. Corporation Name USWEBAUCTIONS, INC.			
2. Principal Office Address 1465 Tallevast Road Suite, Apt. #, etc.		3. Mailing Office Address 1465 Tallevast Road Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34243	Country USA	Zip 34243	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 7/10/97		5. FEI Number 650991092	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For ☐ Not Applicable	
7. Name and Address of Current Registered Agent Name Clayton E. Parker Street Address (P.O. Box Number is Not Acceptable) c/o Kirkpatrick & Lockhart LLP, 201 S. Biscayne Blvd. Suite, Apt. #, Etc. 20th Floor City Miami			
State FL		Zip Code 33131	
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  Date _____ 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
P	Earl Ingarfield	1465 Tallevast Road	Sarasota, FL 34243
			200012330202 02/12/03--01013--023 **\$300.00
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 each.			
SIGNATURE: 		Earl Ingarfield, JAN 23/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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