PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.		
COMPORATION	FLORIDA DEPARTMENT OF STATE	FILED
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS	03 JUL 16 PM 1:23
DOCUMENT # P98000011897		SECRETARY OF STATE FALLAHASSEE, FLORIDA
Southern Style Auction Service, Inc.		
		MENDIMIENTEN 02-03
2. Principal Office Address 5475 NW 75th Ave	3. Mailing Office Address 5475 NW 75th Ave	300021589293 07/16/0301037011 **908.75
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. Date Incorporated or Qualified To Do Business in Florida Pebruary 4, 1991
Ocala, Florida	Ocala Florida	5. FEI Number Applied For Not Applicable
34482 Country USA	34482 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) 5475 NW 75th Ave Suite, Apt. #, Etc.		
i City Ocala		State Zin Code FL 34482
Signature of Registered Agent Pagent MUST SIGN 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	· · · · · · · · · · · · · · · · · · ·
Pres. Gregory Lord, SR.	5475 NW 75th Ave	. Coala, F1 34482
V-Pres Carla Lord	5475 NW 75+h A	ne Ocala, Pl 34482
	,	
	·	
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 filling 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 EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		