

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 02 MAR 25 PM 2:27	
DOCUMENT # P 98000028519					
1. Corporation Name Auction It, Inc.					
2. Principal Office Address 4636 N. University Dr. Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 3/27/98	
City & State Lauderhill, FL 33351		City & State		5. FEI Number 65-0828262 Applied For Not Applicable	
Zip 33351	Country US	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Scott Salomon, Esq.		500005205055 --- 1			
Street Address (P.O. Box Number is Not Acceptable) 2770 University Dr.		-04/08/02--01051--021 ****450.00 **** 50.00			
Suite, Apt. #, Etc.					
City Foral Springs		State FL	Zip Code 33065		
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 <i>[Signature]</i>		Date 3/12/02			
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/D	Brett Reynoldson	4636 N. University Dr.		Lauderhill, FL 33351	
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: <i>[Signature]</i>		3/12/02		954578-8787	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CF2E081 (9/01)

Auction It Inc.
4636 North University Drive
Lauderhill, Florida 33351

March22, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Enclosed please find the necessary paperwork and check for our corporate documents. We have moved to a new address and apparently the information we needed never reached us at our new address.

Sincerely yours,

Brett Reynoldson, President
Auction It Inc.