

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 DEC 20 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M10000000350**

1. Limited Liability Company's Name
Liquid Holdings, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1000 E. 80th Place		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite 700 North		Suite, Apt. #, etc.	
City & State Merrillville, IN		City & State	
Zip 46410	Country	Zip	Country

4. State/Country of Formation Indiana	
5. Date Organized or Qualified To Do Business in Florida 01-26-2010	
6. FEI Number 32-0077508	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED: <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

NAME
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

E-mail Address:
900242972529
12/21/12--01001--006 **243 75
smustafa@whitecopeterman.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **James M. Halpin** Date **12/05/2012**
REGISTERED AGENT Assistant Secretary

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/ Manager	Street Address of Each Managing Member/ Manager	City / State / Zip
mgr	WMB Corp.	1000 E. 80th Place - Suite 700 North	Merrillville, IN 46410

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.166, F.S.

Signature of Managing Member/Manager **Kevin Carlson** Date **12/12** Daytime Phone # **219-769-8601**
Typed or printed name of signing Managing Member/Manager **Kevin Carlson, Vice President of WMB Corp., Manager**

REINSTATEMENT
12/12