

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000119820

Entity Name: 6 Q LIBERTY, INC.

FILED  
Dec 16, 2008  
Secretary of State

**Current Principal Place of Business:**

5912 GEORGE ROAD  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

5912 GEORGE ROAD  
TAMPA, FL 33634

**New Mailing Address:**

FEI Number: 20-1611395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CHACON, MANFREDO A  
5912 GEORGE ROAD  
TAMPA, FL 33634 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MANFREDO A. CHACÓN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: CHACON, MANFREDO A  
Address: 5912 GEORGE ROAD  
City-St-Zip: TAMPA, FL 33634

Title: SD ( ) Delete  
Name: CHACON, CARLOTA A  
Address: 5912 GEORGE ROAD  
City-St-Zip: TAMPA, FL 33634

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MR. ( ) Change (X) Addition  
Name: CHACON, MANFREDO C  
Address: 5912 GEORGE ROAD  
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANFREDO C. CHACÓN

Electronic Signature of Signing Officer or Director

MR.

12/16/2008

Date