

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN -1 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 9980000 80266

1. Corporation Name

LIBERATOR MANAGEMENT, INC.

REINSTATEMENT 03-05

2. Principal Office Address

888 N.W. 133^{1/2} AVE

3. Mailing Office Address

P.O. Box 8586

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

West Palm Beach, FL

Zip

33028

Country

USA

Zip

33407

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/97

5. FEI Number

65-0864335

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bruce A. Michaels

300055987993

06/10/05--01002--001 **1058.00

Street Address (P.O. Box Number is Not Acceptable)

888 N.W. 133^{1/2} AVE

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/30/05

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 |
|-----------|-------------------------------------|--|--------------------------------|
| <u>D.</u> | <u>Michals Bruce</u> | <u>888 NW 133^{1/2} AVE</u> | <u>Pembroke Pines FL 33028</u> |
| | <u>888 NW 133^{1/2} AVE</u> | | |
| | <u>Pembroke Pines FL 33028</u> | | |
| | | | <u>8/6/0</u> |
| | | | |
| | | | |

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:

[Signature] Bruce A. Michaels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05

Date

954-214-3807

Daytime Phone #

CR2E081 (01/05)