

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR 27 PM 1:37

DOCUMENT # 311662

1. Corporation Name

A-1 LIQUIDATING CORPORATION

2. Principal Office Address - No P.O. Box #

9106 BAY POINT DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32819

Country

USA

3. Mailing Office Address

9106 BAY POINT DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

32819

Country

USA

200152799932
04/27/09--01032--004 **1050.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1966

5. FEI Number
59-1163288

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

WILLIAM A TALLENT CPA

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

2600 LAKE LUCIEN DRIVE

Suite, Apt. #, Etc.

207

City

MAITLAND

State

FL

Zip Code

32751

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

William Talient CPA

Date

2/24/09

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
D	MOLLIE J BEARDSLEY	9106 BAY POINT DRIVE	ORLANDO FLORIDA 32819

REINSTATEMENT 07-09^{KS}

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 contained in Chapter 119, 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:

Mollie J Beardsley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/09

Date

404-822-7780

Daytime Phone #