

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000102077

1. Limited Liability Company's Name

LIQUID MIND, LLC.

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

1995 PENNSYLVANIA AVE 4880 PLACIDA RD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

STE G

City & State

ENGLEWOOD, FL

Zip

34224

Country

USA

City & State

ENGLEWOOD, FL

Zip

34224

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/1/08

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

RICHARD C. AULENTI

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

1995 PENNSYLVANIA AVE

Suite, Apt. #, Etc.

City

ENGLEWOOD

State

FL

Zip Code

34224

☒ A \$100 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 \$100
reinstatement be waived.

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

Richard C. Aulenti
REGISTERED AGENT MUST SIGN

Date

4/30/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M6RM	RICHARD C. AULENTI	1995 PENNSYLVANIA AVE	ENGLEWOOD, FL 34224
M6RM	CHARLENE A. MACKIN	1995 PENNSYLVANIA AVE	ENGLEWOOD, FL 34224
M6RM	KEVIN L. MACKIN	1995 PENNSYLVANIA AVE	ENGLEWOOD, FL 34224
M6RM	SALLY B. JOHNSON	1995 PENNSYLVANIA AVE	ENGLEWOOD, FL 34224
REINSTATEMENT 0007 1108000040502 01-08			

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 608.406, 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.

Signature of
Managing Member/Manager

Charlene A. Mackin

Date

4/30/01

Daytime Phone #

944-698-0511

Typed or printed name of signing Managing Member/Manager

Charlene A. Mackin CHARLENE A. MACKIN