

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR -4 PM 3: 09

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO3000000141*

1. Corporation Name

Liquidebt, Inc.

2. Principal Office Address

1060 Maitland Center Commons

Suite, Apt. #, etc.

Suite 270

City & State

Maitland, Florida

Zip

32751

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified

To Do Business in Florida January 6, 2003

5. FEI Number

30-0154424

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

Peter Hopper

Street Address (P.O. Box Number is Not Acceptable)
1060 Maitland Center Commons

Suite, Apt. #, Etc.
Suite 270

City

Maitland

State

FL

Zip Code

32751

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

REGISTERED AGENT MUST SIGN

Date *4/1/2006*

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
DA	Wendy Hopper	30 Stone Gate South	Longwood, FL 32779
D	Wendy Hopper	30 Stone Gate South	Longwood, FL 32779
D	Adrienne Comerford	550 PARK AVENUE	Manhasset, NY 11030
D	VIRGINIA Hopper	550 PARK AVENUE	Manhasset, NY 11030
		<i>4/1/6</i>	100070800611
			04/18/06--01036--023 ***358.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/2006

Daytime Phone #