

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -8 PM 4:32

DOCUMENT # P00000019444

1. Corporation Name

Liquid Larry's Inc.

2. Principal Office Address

3415 Hwy 542 E

Suite, Apt. #, etc.

City & State

Lakeland

Zip

33801

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

Feb. 21, 2000

5. FEI Number

59-3624516

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

Thomas L. D'Aila

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

1931 E. Main St.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33801

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

Thomas L. D'Aila

REGISTERED AGENT MUST SIGN

Date 12-20-01

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
P/S	Thomas L. D'Aila	1931 E. Main St	Lakeland, FL 33801
VP/T	Lawrence M. Grayson	138 S. Central Ave	Mechanicville, NY 12118

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:

Thomas L. D'Aila

Thomas L. D'Aila

Date

12-20-01 863-738-0216

Daytime Phone #

CR2E081 (9/00)