

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

paye 10/2

APPLICATION
FOR



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

DOCUMENT # P00000053622

1. Corporation Name

LIQUID COMMUNICATIONS, INC.

FILED

01 OCT 15 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

953 BERESFORD WAY
LAKE MARY FL 32746

953 BERESFORD WAY
LAKE MARY FL 32746

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

250 N Orange Ave

Suite, Apt. #, etc.

Suite # 1400

City & State

Orlando, FL

Zip

32801

Country

USA

3. New Mailing Office Address, If Applicable

250 N Orange Ave

Suite, Apt. #, etc.

Suite # 1400

City & State

Orlando, FL

Zip

32801

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/2000

5. FEI Number

593650837

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BONDOROWSKY, JOEL I	953 BERESFORD WAY	LAKE MARY FL 32746
			0000004653320--4
			-10/25/01--01056--009
			****150.00 ****150.00
			DI UBR TS

8. Name and Address of Current Registered Agent

BONDOROWSKY, JOEL I
953 BERESFORD WAY
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

Name

Joel -- Bondarowsky

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

250 N Orange Ave

Suite, Apt. #, Etc.

Suite # 1400

City

Orlando

State

FL

Zip Code

32801

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Joel Bondarowsky

REGISTERED AGENT MUST SIGN

Date

10-12-01

11. 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:

Joel Bondarowsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-01

Daytime Phone #

407-835-1615

CR2E040




Page 202
Phone: 407-835-1615
1-866-LIQUID1
Fax: 407-425-7368
Email: sales@liquidpages.com
<http://www.liquidpages.com>

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

This letter is to inform you that the address Liquid Communications Inc was originally incorporated under had since changed. Because of this none of the notices to file for the annual report had been delivered to us. I had spoken with someone in your office and they had suggested that I write this letter to you and include a \$150 check.

Thank you,


Joel Bondorowsky
President Liquid Communications Inc.
250 N Orange Ave
Suite #1400
Orlando, FL 32801