

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 AM 11:18

DOCUMENT # P00000073774

1. Corporation Name

M & K LIQUIDATORS, INC.

Principal Place of Business

2718 NW 30TH AVE
LAUDERDALE LAKES FL 33311

Mailing Address

2718 NW 30TH AVE
LAUDERDALE LAKES FL 33311

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

651026330

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MICELI, NICHOLAS	1293 NW 127 DR	SUNRISE FL 33323
D, P	KNAPIK, JOZEF	3751 ENVIRON BLVD, BLDG 5, APT 5	LAUDERHILL FL 33319
			7000004658297--2 -10/30/01--01006--023 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICELI, NICHOLAS 1293 NW 127 DR SUNRISE FL 33323	Name Jozef KNAPIK Street Address (P.O. Box Number is Not Acceptable) 3751 Environ Blvd, Bldg 5, Apt 5 Suite, Apt. #, Etc. Apt 5, Bldg 5 City Lauderhill State FL Zip Code 33319
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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

Jozef Knapik
REGISTERED AGENT MUST SIGN

Date

10/10/01

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:

Jozef Knapik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/01 954-733-7922

Daytime Phone #

CR2E040 (8/01)