

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000078646

1. Corporation Name

LIQUID NATION, INC.

2. Principal Office Address

16 W. 3rd STREET

Suite, Apt. #, etc.

3. Mailing Office Address

16 W. 3rd STREET

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FL

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

USA

Zip

32233

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/2000

5. FEI Number

59-3045283

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

CHRISTENSON, DALE C.

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

52 W. 3rd STREET

Suite, Apt. #, Etc.

City

ATLANTIC BEACH

State
FL

Zip Code
32223

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

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
DPST	CHRISTENSON, DALE C.	52 W. 3rd Street	Atlantic Beach, FL 32233
V	CHRISTENSON, BRIAN W.	1356 Linkside Drive	Atlantic Beach, FL 32233

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:

DALE CHRISTENSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

October 30, 2002

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P00000078646 – Liquid Nation, Inc.

Dear Sir/Madam,

Please see the enclosed Corporate Reinstatement for our client listed above. We are requesting that you accept his application and his payment of \$150.00 for the year 2002.

Mr. Christenson, President of the above Corporation, did not receive his report for the referenced period although he has had no changes in his address. During his annual review, it was discovered through your website that this report had not been filed. Mr. Christenson has always been very conscientious about forwarding all government paperwork to us and paying all yearly fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Beverlee A. Flowers, E.A.

Enclosure: Corporate Reinstatement