

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 17 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000045856**

1. Corporation Name

**Liquid Sport
3034 Day Ave**

2. Principal Office Address - No P.O. Box #

3034 Day Ave

Suite, Apt. # etc.

3. Mailing Office Address

3034 Day Ave

Suite, Apt. # etc.

City & State

Miami, FL

City & State

FL Miami

Zip

33133

Country

Dade

Zip

33133

Country

Dade

REINSTATEMENT 07-10

000128565550

02/03/10 01033 006 458.75

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

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

Silvia Caviglia

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

3034 Day Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

000128565550

03/18/10-01034-016 **150.00

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

5/5/10

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
VP	Bianca Caviglia	3034 Day Ave	Miami FL 33133
Director	Michael Caviglia	3034 Day Ave	Miami FL 33133

10. E-mail Address:

Silvia_Caviglia@hotmail.com

(To be used for future annual report notification)

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. I further certify 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

5/5/10 305.

Daytime Phone #