PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 APR -1 AM 11:36
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000082689

REINSTATEMENT Q2-03

1. Corporation Name: Liquidix, Inc.

2. Principal Office Address	3. Mailing Office Address
16548 Laser Drive	16548 Laser Drive
Suite, Apt. #, etc.: #9	Suite, Apt. #, etc.: #9
City & State: Fountain Hills, Arizona	City & State: Fountain Hills, AZ
Zip: 85268 Country: USA	Zip: 85268 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/28/1996 (Applied For / Not Applicable)

5. FEI Number: 86-0000714

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Robert Esposito

Street Address (P.O. Box Number is Not Acceptable): 710 Oakfield Drive

Suite, Apt. #, Etc.:

City: Brandon State: FL Zip Code: 33511

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: April 7 03

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres& Direc	Perry E. Barker	16548 Laser Drive, St 9	Fountain Hills, AZ85268
VP & Direc	Jenelle A. Ray	16548 Laser Drive, St 9	Fountain Hills, AZ85268
VP & Direc	Douglas Brooks	16548 Laser Drive, St 9	Fountain Hills, AZ85268
Direc	Harold Davis	16548 Laser Drive, St 9	

10. I certify that I am an officer or director of the reorganized corporation 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: [signature] 4/4/03 Date 972-5306606 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State
Division of Corporations
Public Access System

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RESUBMIT
Please give original submission date as file date.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

Please give original submission date of 4.1.03. Thx!

CORPORATION REINSTATEMENT

LIQUIDIX, INC.

RESUBMIT
Please give original submission date as file date.

Certificate of Status	0
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Estimated Charge	$900.00