

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -5 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

LIQUID COAST MEDIA, INC.  
D02000042186

2. Principal Office Address

390 EVERGREEN CIR.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 1515

Suite, Apt. #, etc.

City & State

TESTIN, FL.

City & State

TESTIN, FL.

Zip

32541

Country

U.S.A.

Zip

32540

Country

USA

**REINSTATEMENT 03**

300026017783

01/05/04--01059--002 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

4/11/02

5. FEI Number

43-1966811

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

DAVID A. HARRIS

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

390 EVERGREEN CIR.

Suite, Apt. #, Etc.

City

TESTIN

State

FL

Zip Code

32541

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

*[Signature]*

Date 12/31/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
TD	DAVID A. HARRIS	390 EVERGREEN CIR	TESTIN, FL. 32541
TD	KRIS E. WHEELER	4382 BALL GROUND HWY	CANTON, GA. 30114

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:

*[Signature]*

12/31/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-650-8188

CR20031 (10/02)

# HOUSE & HOME

"The Complete Resource Magazine For Your Home"

To whom it may concern:

Today, 12/31/03, I found out that the status of our corporation, Liquid Coast Media, Inc., is inactive. Through investigation I was able to confirm that our UBR report was not received at our office address, 390 Evergreen Cir, Destin, FL. 32541, nor our P.O. Box 1515 Destin, FL. 32540 address. Therefore the UBR form wasn't completed nor was the payment sent to your office.

Attached you will find the completed corporate reinstatement form as well as a check for \$150.00 payable to "Department of State". I hope that this check, completed form, and letter will suffice in reinstating our corporation in a timely manner.

If you need to reach me by phone feel free to call me at 850-217-8033 or 850-650-8188, or my e-mail address is [coastalhomesandlifestyles@cox.net](mailto:coastalhomesandlifestyles@cox.net).

Thank you and your support group for assistance in this manner.

Sincerely,

David A. Harris



Liquid Coast Media, Inc.