

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 22 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000134963

1. Corporation Name

LIBERTY RELOCATION SERVICES, INC.

2. Principal Office Address

38 PINE TRAIL

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

Zip

33415

Country

USA

3. Mailing Office Address

P.O. Box 667678

Suite, Apt. #, etc.

City & State

POMPANO BEACH

Zip

33066

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

DEC. 24, 2002

5. FEI Number

74-3074398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

William R. Dixon

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

38 PINE TRAIL

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33415

600033533475

04/22/04--01023--012 **300.01

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

William R. Dixon

REGISTERED AGENT MUST SIGN

Date

APRIL 20, 2004

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
P.	William R. Dixon	38 PINE TRAIL	WEST PALM BEACH, FL 33415
S.	DOROTHY M. DIXON	38 PINE TRAIL	WEST PALM BEACH, FL 33415

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:

William R. Dixon WILLIAM R. DIXON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 20, 2004

Date

954-494-7477

Daytime Phone #