2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 23, 2008
Secretary of State

DOCUMENT# P03000005363

Entity Name: SURPLUS LIQUIDATION, INC.

Current Principal Place of Business:

1316 SAN MARCO BLVD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

6965 PHILIPS HIGHWAY
JACKSONVILLE, FL 32217 US

Current Mailing Address:

1316 SAN MARCO BLVD
JACKSONVILLE, FL 32207 US

New Mailing Address:

6965 PHILIPS HIGHWAY
JACKSONVILLE, FL 32217 US

FEI Number: 71-0928182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPINSKI, THOMAS A
1105 VALE ORCHARD LANE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS A SAPINSKI
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SAPINSKI, THOMAS A
Address: 1105 VALE ORCHARD LANE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: SECT ( ) Delete
Name: SAPINSKI, THOMAS A
Address: 1105 VALE ORCHARD LANE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: TREA ( ) Delete
Name: SAPINSKI, THOMAS A
Address: 1105 VALE ORCHARD LANE
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A SAPINSKI PRES 12/23/2008
Electronic Signature of Signing Officer or Director Date