

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 16 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

TRUE LIQUIDATORS INC.

2. Principal Office Address

4605 W. FLAGLER

Suite, Apt. #, etc.

N/A

City & State

MIAMI FLA

Zip

33134

Country

USA

3. Mailing Office Address

4605 W. FLAGLER

Suite, Apt. #, etc.

N/A

City & State

MIAMI FLA

Zip

33134

Country

USA

200086166492
01/25/07--01003--019 **1200.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

TO APPLY FOR

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

ADALBERTO DELGADO

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

4605 W. FLAGLER

Suite, Apt. #, Etc.

N/A

City

MIAMI

State

FL

Zip Code

33134

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

Adalberto Delgado

REGISTERED AGENT MUST SIGN

Date Jan 6 / 07

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
PRES.	ADALBERTO DELGADO.	4605 W. FLAGLER	MIAMI FL 33134
V.P.	ADALBERTO DELGADO.	SAME	SAME
SEC.	ADALBERTO DELGADO.	SAME	SAME
DIR.	ADALBERTO DELGADO.	SAME	SAME
DIR.	ADALBERTO DELGADO.	SAME	SAME
DIR.	ADALBERTO DELGADO.	SAME	SAME

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.

ADALBERTO DELGADO PRES.

SIGNATURE:

Adalberto Delgado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6 / 07 786-3267-808

Date

Daytime Phone #

CR2E081 (01/05)