2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000091110

City-St-Zip:

NORTH LAUDERDALE, FL 33068

FILED Oct 10, 2006 Secretary of State

Entity Name: LIQUIDITY INVESTMENTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 7240 WEST MCNAB ROAD NORTH LAUDERDALE, FL 33068 **Current Mailing Address: New Mailing Address:** 7240 WEST MCNAB ROAD NORTH LAUDERDALE, FL 33068 FEI Number: 03-0454354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LIVINGSTON, LEACROFT W LIVINGSTON, LEACROFT W 12050 NW 10TH STREET 611 NW 99 TERR CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33071 US 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: LEACROFT LIVINGSTON 10/10/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LIVINGSTON, BEVERLY Name: Name: 7240 WEST MCNAB ROAD Address: Address: City-St-Zip: NORTH LAUDERDALE, FL 33068 City-St-Zip: Title: Title: () Delete () Change () Addition LIVINGSTON, LEACROFT W Name: Name: 7040 WEST MCNAB ROAD Address: Address: NORTH LAUDERDALE, FL 33068 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BROWN, ANDRE Name: Name: 7040 WEST MCNAB ROAD Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: B LIVINGSTON PD 10/10/2006