2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# P04000091110

Entity Name: LIQUIDITY INVESTMENTS, INC.

Current Principal Place of Business:

7240 WEST MCNAB ROAD
NORTH LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

7240 WEST MCNAB ROAD
NORTH LAUDERDALE, FL 33068

New Mailing Address:

FEI Number: 03-0454354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVINGSTON, LEACROFT W
12050 NW 10TH STREET
CORAL SPRINGS, FL 33071 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: LEACROFT LIVINGSTON

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:

Title: P ( ) Delete
Name: LIVINGSTON, BEVERLY
Address: 7240 WEST MCNAB ROAD
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: S ( ) Delete
Name: LIVINGSTON, LEACROFT W
Address: 7040 WEST MCNAB ROAD
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: T ( ) Delete
Name: BROWN, ANDRE
Address: 7040 WEST MCNAB ROAD
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP ( ) Delete
Name: WILLIAMS, LEE A
Address: 4902 UMBRELLA TREE LANE
City-St-Zip: TAMARAC, FL 33319

Title: SVP ( ) Delete
Name: GEORGIA, MILLINGIN
Address: 250 SAN REMO BLVD
City-St-Zip: NORTH LAUDERDALE, FL 33068 FL

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:

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: LEACROFT LIVINGSTON VP 01/08/2009

Electronic Signature of Signing Officer or Director Date