

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 19 AM 8:29

CLERK OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



03052007 REIN-P CR2E098 (1/07)

4. FEI Number 11-3768195 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P05000150218	
1. Entity Name LIBERTY MANAGEMENT OF BOCA RATON INC.	
Principal Place of Business 238 SOUTH FEDERAL HIGHWAY SUITE #238 DEERFIELD BEACH, FL 33441 US	Mailing Address 238 SOUTH FEDERAL HIGHWAY SUITE #238 DEERFIELD BEACH, FL 33441 US

2. Principal Place of Business - No P.O. Box # <u>4400 North Federal Hwy.</u>	3. Mailing Address <u>4400 North Federal Hwy.</u>
Suite, Apt. #, etc. <u>Suite #122</u>	Suite, Apt. #, etc. <u>Suite #122</u>
City & State <u>Boca Raton Florida</u>	City & State <u>Boca Raton Florida</u>
Zip <u>33431</u> Country <u>USA</u>	Zip <u>33431</u> Country <u>USA</u>

6. Name and Address of Current Registered Agent JACKSON, PETER 265 SOUTH FEDERAL HIGHWAY SUITE #238 DEERFIELD BEACH, FL 33441	7. Name and Address of New Registered Agent Name <u>PETER JACKSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>4400 North Federal Hwy Suite #122</u> City <u>Boca Raton</u> FL <u>33431</u>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES JACKSON, PETER 265 SOUTH FEDERAL HIGHWAY SUITE #238 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRES</u> <u>JACKSON, Peter</u> <u>4400 North Federal Hwy #122</u> <u>Boca Raton Florida 33431</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CLARK, ROBERT C 661 SW 4TH STREET BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VP</u> <u>CLARK, ROBERT C</u> <u>4400 North Federal Hwy #122</u> <u>Boca Raton FL 33431</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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600095823095
04/05/07--01010--023 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

x. 3/22