

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P06000157373**

1. Corporation Name

Liquid DJs, Inc

2. Principal Office Address - No P.O. Box #

227 N.E. 24 avenue

Suite, Apt. #, etc.

2

City & State

Pompano Beach, Fl

Zip

33062

Country

Broward

3. Mailing Office Address

227 N.E. 24 avenue

Suite, Apt. #, etc.

2

City & State

Pompano Beach, Fl

Zip

33062

Country

Broward

7. Name and Address of Current Registered Agent

Name

Shannon Powell

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

227 N.E. 24 avenue

Suite, Apt. #, Etc

2

City

Pompano Beach

State

FL

Zip Code

33069

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

REGISTERED AGENT MUST SIGN

Date 01/22/2010

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
P. VP	Shannon Powell	227 N.E. 24 avenue	Pompano Beach, Fl 33062
S.T.	Shannon Powell	227 N.E. 24 avenue	Pompano Beach, Fl 33062

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Shannon Powell

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2010 786-597-3705

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 FEB 10 AM 11:43

500168449175  
02/10/10--01034--015 \*\*450.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified  
To Do Business in Florida 12/28/2006

5. FEI Number  
208112629

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.