

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000074602

**FILED**  
**Aug 29, 2014**  
**Secretary of State**

**Entity Name:** ESTATE LIQUIDATORS OF ST AUGUSTINE INC

**Current Principal Place of Business:**

1764 TREE BLVD  
4  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1054  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

1764 TREE BLVD  
4  
ST AUGUSTINE, FL 32084

**FEI Number:** 46-0901662

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PLACE, GARY  
6034 CHESTER AVE  
105  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

WARF, MARC A  
1764 TREE BLVD  
4  
ST AUGUSTINE, FL 32084 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: MARC A WARF

08/29/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WARF, MARC  
Address: 1764 TREE BLVD STE4  
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: MARC A WARF

P

08/29/2014

Electronic Signature of Signing Officer or Director

Date