PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 22 AM 8:01

DOCUMENT # P94000051364

1. Corporation Name
FEDERAL LIQUIDATION TRUSTEE Inc

REINSTATEMENT 02

2. Principal Office Address	3. Mailing Office Address
1751 W Copans Rd	1751 W Copans Rd
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State Pompano Bch Fl	City & State Pompano Bch Fl.
Zip 33064 Country Broward	Zip 33064 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0503780 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JAMES P Glynn

300008520193
10/22/02 01111 004 **78.00

Street Address (P.O. Box Number is Not Acceptable): 1751 W Copans Rd #1

Suite, Apt. #, Etc. #1

City: Pompano Bch State: FL Zip Code: 33064

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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	James P. Glynn	1751 W. Copans Rd #1	Pompano Bch Fl 33064

10. I certify that I am an officer or director or 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/25/02