

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


04 FEB -6 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100027753271  
02/12/04--01039--018 \*\*750.00

REINSTATEMENT 98-04

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000058160

1. Corporation Name

LIZ HOLDING CORP.

2. Principal Office Address

523-SAN REMO CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

523-SAN REMO CIRCLE

Suite, Apt. #, etc.

City & State

PT. ST. LUCIE, FLORIDA

City & State

PT. ST. LUCIE, FLORIDA

Zip

34986

Country

U.S.A.

Zip

34986

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

6505-11908

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELIZABETH MURATORE

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

523-SAN REMO CIRCLE

Suite, Apt. #, Etc.

City

PORT ST. LUCIE, FLORIDA

State

FL

Zip Code

34986

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

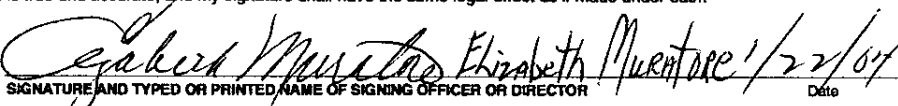
1/22/04

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
PRES	ELIZABETH MURATORE	523-SAN REMO CIRCLE	PT. ST. LUCIE, FLA. 34986
V. PRES	JOSEPH MURATORE	523-SAN REMO CIRCLE	PT. ST. LUCIE, FLA. 34986
SEC	MARIANNE MURATORE	348-S.W. NORTH SHORE BLVD	PT. ST. LUCIE, FLA. 34986

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

1/22/04

Daytime Phone #

CR2E081 (10/02)

Liz Holding Corp.  
523 SE San Remo Circle  
Port St. Lucie, Florida 34986  
January 22, 2004

State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

To whom it may concern

With regard to this application for reinstatement of my corporation, as per instructs during my phone conversation with one of your agents, enclosed is my check in the amount of \$300.00, which represents fees due for the years ~~1998~~ and 2004.

Due to address changes over a period of time, my renewal forms have not been received, because of this situation, we are now listed as inactive status. I respectfully request the charges for this reinstatement be waived. I will supply you with my current address so this will not happen again. I am hoping that you could eliminate these charges so I may reinstate and go forward from this point.

Thanking you in advance for your consideration, I remain

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Muratore".

Elizabeth Muratore