

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JUN -8 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P 94000060524
Liquidation Services, Incorporated

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

226 N. Orange Blossom Trl.

Suite, Apt. #, etc.

3. Mailing Office Address

226 N. Orange Blossom Trl.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32805

Country

US

Zip

32805

Country

US

3DU208600183
06/08/11--01016--020 **1350.00

CR2001 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/1994

5. FEI Number

593261683

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven LaBret

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

226 Hillcrest St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/1/11

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	Christopher T. Weising	226 N. Orange Blossom Trl.	Orlando, FL 32805

10. E-mail Address: WDWLIQ@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify that the information stated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/1/11

Daytime Phone #

[Handwritten initials]