

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 MAY 14 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 794000060524  
1. Corporation Name  
Liquidation Services, Inc.

400020779864  
06/11/03--01051--018 \*\*1050.00

2. Principal Office Address

4428 SW 36th St  
Suite, Apt. #, etc.

3. Mailing Office Address

4428 SW 36th St  
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32811

Country

USA

Zip

32811

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8.12.94

5. FEI Number

59-3261683

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Steve Labret

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

226 Hillcrest Street

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]

Date 5.13.03

REGISTERED AGENT MUST SIGN

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	Christopher Weising	4428 S. Hiawassee	Orlando, FL 32835

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:

Christopher Weising president

5.13.03

407.481.2313

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)