1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARTICLES AND FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 14 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000031488

1. Corporation Name
LIQUID ASSETS GROUP, INC.

REINSTATEMENT 99-03

2. Principal Office Address	3. Mailing Office Address
1326 SE 17TH ST	SAME
Suite, Apt. #, etc. 536	Suite, Apt. #, etc. 536
City & State FT Lauderdale FL	City & State
Zip 33316 County Broward	Zip 33316 County Broward

4. Date Incorporated or Qualified To Do Business in Florida 4/8/97

5. FEI Number 65-0741469 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: BERNARD FAIRCHILD

Street Address (P.O. Box Number is Not Acceptable) 520 SE 5TH AVE

Suite, Apt. #, Etc.

City FT Lauderdale FL 33301 State FL Zip Code

8. I hereby 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 11/14/03

REGISTERED AGENT MUST SIGN

C92(061 (10-02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City/ State / Zip
PRES	BERNARD FAIRCHILD	520 SE 17TH ST	FT LAUD FL 33301

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: _____ BERNARD FAIRCHILD, P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/14/03 Daytime Phone #

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Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

LIQUID ASSETS GROUP, INC.

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