

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -7 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045234

1. Corporation Name

INTERNET LIQUIDATORS USA, INC.

Principal Place of Business

2701 NORTH ROCK POINT DRIVE
~~SUITE 510~~
TAMPA FL ~~33601~~

Mailing Address

~~2701 NORTH ROCK POINT DRIVE~~
~~SUITE 510~~
~~TAMPA FL 33601~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

SUITE 930

City & State

Zip

33607

Country

3. New Mailing Office Address, If Applicable

6725 AIRPORT RD.

Suite, Apt. #, etc.

SUITE 201

City & State

MISSISSAUGA, ONTARIO

Zip

L4V 1V2

Country

CANADA

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1998

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DCC	GODIN, PAUL	175 LLOYDS LANE, RR#2	KETTLEBY, ONTARIO, CANADA L4L
DPT	LYMBURNER, JEFF	1389 BRIAR GROVE ROAD	OLDSMAR FL 34677
S	BOWES, BRENT	4966 ROSEBUSH ROAD	MISSISSAUGA, ONTARIO, CA L5M
			200003480902--8 -11/30/00--01023--018 ****750.00 ****750.00

REINSTATEMENT DD 1178

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

BRIAN COURTNEY, ASST. VP.
REGISTERED AGENT MUST SIGN

Date

11/6/2000

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., 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

JEFF LYMBURNER

OCTOBER 24, 2000 813-636-8205

Date

Daytime Phone #