

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000075505		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 OCT 18 AM 8:43	
1. Corporation Name LIQUID SHIELD, INC.			
Principal Place of Business 15410 SW 81ST CIRCLE LANE, #94 MIAMI FL 33193		Mailing Address P.O. BOX 165657 MIAMI FL 33166	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 08/19/1999	
		5. FEI Number 65-0944160	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	LEWIS, NICHOLAS	15410 SW 81ST CIRCLE LANE, #94	MIAMI FL 33193
D	CHANG, GILDA	P.O. BOX 165657	MIAMI FL 33193
8. Name and Address of Current Registered Agent LEWIS, NICHOLAS 15410 SW 81ST CIRCLE LANE, #94 MIAMI FL 33193		9. Name and Address of New Registered Agent Name GILDA CHANG Street Address (P.O. Box Number is Not Acceptable) 14234 SW 161 Street Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33177	
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  SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 10/16/01			
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:  GILDA CHANG Date 10/16/01 Daytime Phone # 305 237 0718			

CR2E040 (8/01)



Liquid Shield, Inc.

PO Box 165657
Miami, FL 33116

October 15, 2001

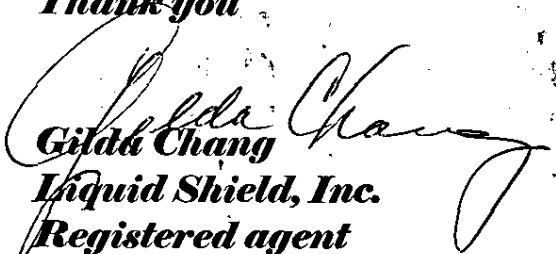
To: Division of Corporation

**From: Liquid Shield, Inc.
PO. Box 165657
Miami, Florida 33116**

Re: Corporate Information

Please note on Friday October 12, 2001 I received a report in the mail indicating that my company was place inactive. On Monday October 15, 2001, I spoke to agent Eulia Peterson at (850-245-6956) & she stated she was new on the job, She transfer me to Andy Dunlap and he explained that I need to write a letter to indicating that I just received this notice in the mail and that I need to forward a street address for the registered agent on file. Please note the correction are on the accompany report. Also, please note that we never received a noticed to indicating that we needed to provide the proper information although, I should have read the form properly which stated no p.o. box for agents this was my era. Please reinstate our company.

Thank you


**Gilda Chang
Liquid Shield, Inc.
Registered agent**