

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT
 FLORIDA DEPARTMENT OF REVENUE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

L99000003078

FILED

1. DOCUMENT # L99000003078
 Name and Mailing Address

02 NOV -4 AM 11:24

0005360 01 FP 0.352 **PRSRT T6 0 0615 33774-331980
 AMERICAN LIQUIDITY FUNDS, LLC
 12080 145TH LANE NORTH
 LARGO FL 33774-3319

SECRETARY OF STATE
 SCULAPSELE@FLORIDA.GOV
 11704702-01058-021 **155.00



2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
12080 145TH LANE NORTH LARGO FL 33774		05/28/1999	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		59-3586962	
		Applied For	
		Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FOREIT, DAN 12080 145TH LANE NORTH LARGO FL 33774		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Dan Foreit* Date 10/31/02
 REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FOREIT, DAN	12080 145TH LANE NORTH	LARGO FL 33774
SEC	Karbu Foreit	12080 145th Lane North	LARGO, FL 33774

REINSTATEMENT 02
JK

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *Dan Foreit* Date 10/31/02 Daytime Phone # 727-596-9898
 Typed or printed name of signing Managing Member/Manager

CR12084 (8/02)