

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT
 FLORIDA DEPARTMENT OF REVENUE
 Jim Smith, Secretary of State
 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 City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 12080 145TH LANE NORTH LARGO FL 33774		5. Date Organized or Qualified To Do Business in Florida 05/28/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 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 FOREIT, DAN 12080 145TH LANE NORTH LARGO FL 33774		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)