

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -3 PM 3:20

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **F98 000005002**

1. Corporation Name
1-800 SAVE MAX, INC

2. Principal Office Address
1020 NW 163 DR

3. Mailing Office Address
1020 NW 163 DR

City & State
MIAMI, Florida

City & State
MIAMI, Florida

Zip Country
33169 USA

Zip Country
33169 USA

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida **9/4/98 SP**

5. FEI Number **52-2106181**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LAW OFFICES OF EDWARD MARDONADO

Street Address (P.O. Box Number is Not Acceptable)
1020 NW 163 DR

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33169

000004478260-5
-07/17/01--01002--006
****750.00 ****750.00

8. I, being 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 **[Signature]** Date **6/25/01**

REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|----------------------|
| Pres | Humberto William Wierzler | 1020 NW 163 DR | MIAMI, Florida 33169 |
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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: **[Signature]** Date **(305) 914-3364**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)