

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03-NOV 24 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000038774

1. Corporation Name

MAX'S TRUCKS SALES, INC.

Principal Place of Business

1870 SW 155 AVENUE
MIRAMAR FL 33027

Mailing Address

1870 SW 155 AVENUE
MIRAMAR FL 33027

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/2002

5. FEI Number

43-1957619

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
DP	RODRIGUEZ, MAXIMO	1870 SW 155 AVENUE	MIRAMAR FL 33027
DTS	PEREZ, DAMARIS	1870 SW 155 AVENUE	MIRAMAR FL 33027

600024982976
11/24/03--01099--007 **150.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, MAXIMO
1870 SW 155 AVENUE
MIRAMAR FL 33027

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/2003

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2003 (954) 885-4172

CR2E040 (7/03)



November 15, 2003

Department of State
Division of Corporations
Annual Report/Reinstatement Section
Tallahassee, FL 32314-6327

To Whom It May Concern:

Last year we filed for the first-time for a Corporation; at that time we had an Accountant. Since we stop using the services of that accountant, business mail came in and we didn't know about the papers that were coming in, we were waiting to have the new accountant to give him all the papers and stuffs relating to the corporation. That was when we realized that we were delinquent about the Annual Report.

Could you please waive the reinstatement fee due to this situation I have explained? I'm sending you the payment for \$150.00 for the Annual Report Fee. If I have to pay the Reinstatement Fee please let me know.

Thank you. I'll appreciate your help in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Damaris Pérez".

Damaris Pérez
Treasurer

MAX'S TRUCKS SALES

1870 SW 155th Ave.
Miramar, Florida 33027

Cel: (305) 986-0393

Tel: (954) 885-4172

Fax: (954) 885-4176

maxtruckssales@att.net