

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 NOV 13 PM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000022922

1. Corporation Name

MAXANYA CORPORATION

Principal Place of Business

Mailing Address

1741 S.E. 46TH LANE #104
CAPE CORAL FL 33904

1741 S.E. 46TH LANE #104
CAPE CORAL FL 33904



REINSTATEMENT 00

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

4. Date Incorporated or Qualified To Do Business in Florida

03/11/1996

Suite, Apt. #, etc.

50 MAX E. WIDMER
SEMINARSTRASSE 28, CH-5400

5. FEI Number

65-0740475

Applied For

Not Applicable

City & State

City & State
BADEN, SWITZERLAND

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WIDMER, MAX E	SEMINARSTRASSE 28, CH-5400	BADEN, SWITZERLAND
ST	WIDMER, ANJA E	SEMINARSTRASSE 28, CH-5400	BADEN, SWITZERLAND

700003493297-3
12/11/00 01035 027
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SEEMANN, ERNEST A
1105 CAPE CORAL PKWY E SUITE C
CAPE CORAL FL 33904

Name
CRAIG R. FOLK
Street Address (P.O. Box Number is Not Acceptable)
6326 WHISKEY CABER DR., SUITE A
Suite, Apt. #, Etc.
City
FORT MYERS
State
FL
Zip Code
33919

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

Craig R. Folk
REGISTERED AGENT MUST SIGN

Date

11/10/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-10-00

CR2E040 (8/00)