

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 PM 3:08

DOCUMENT # **P97000046754**

1. Corporation Name

BULLMAX, INC.
2716 N. ATLANTIC BLVD
FORT LAUDERDALE, FL 33308

2. Principal Office Address

2716 N. ATLANTIC BLVD

3. Mailing Office Address

2716 N. ATLANTIC BLVD

REINSTATEMENT 99-00

Suite, Apt. #, etc.

FORT LAUDERDALE

Suite, Apt. #, etc.

FORT LAUDERDALE

City & State

FLORIDA

City & State

FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida

5/28/1997

5. FEI Number

65-0756152

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

33308

Country

USA

Zip

33308

Country

USA

7. Name and Address of Current Registered Agent

Name

JOEL STEINGER

800003328418-5

Street Address (P.O. Box Number is Not Acceptable)

2716 N. ATLANTIC BLVD

07/19/00 01097 033

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33308

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0403, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/7/2000

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	JOEL STEINGER	2716 N ATLANTIC BLVD	FORT LAUDERDALE, FL 33308

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL STEINGER

Date

7/7/2000

Daytime Phone #

954 237-5757