

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 19 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V13138

1. Corporation Name
FLORIMAX, INC.

Principal Place of Business Mailing Address
7772 BISCAYNE BLVD. MIAMI FL 33138
7772 BISCAYNE BLVD. MIAMI FL 33138



REINSTATEMENT *Alp*

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 02/10/1992
5. FEI Number 05-0328416 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	FONAROV, LEONARD	300 BAYVIEW DR., STE. 607	MIAMI FL 33100
D	SERGOV, STANISLAV	300 BAYVIEW DR. # 2109	MIAMI FL 33160
D	FONAROV, ILYA	300 BAYVIEW DR # 607	MIAMI FL 33160

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-11/22/96-01011-011
www375.00 www375.00

DB11-20-96

8. Name and Address of Current Registered Agent
FONAROV, LEONARD
7772 BISCAYNE BLVD.
MIAMI FL 33138

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.
Signature of Registered Agent *Leonard Fonarov* REGISTERED AGENT MUST SIGN
Date 11-14-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 and name have the same legal effect as if made under oath.

SIGNATURE: *Leonard Fonarov* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11-14-96 Daytime Phone 305-751-5853