

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 11 PM 3:46

DOCUMENT # P02000076764

1. Corporation Name
MAEEX CORPORATION2. Principal Office Address
3460 E. 6 Ave

Suite, Apt. #, etc.

City & State
Hialeah FLZip
33013Country
US3. Mailing Office Address
3460 E. 6 Ave

Suite, Apt. #, etc.

City & State
Hialeah Fla.Zip
33013Country
US4. Date Incorporated or Qualified
To Do Business in Florida 7/15/20025. FEI Number
11-3843104Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ANNETTE, SANCHEZStreet Address (P.O. Box Number is Not Acceptable)
3460 E. 6 AVE

Suite, Apt. #, Etc.

City
HIALEAHState
FLZip Code
33013

B. 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

REGISTERED AGENT MUST SIGN

Date 2/11/2004

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SANCHEZ, ANNETTE	3460 E. 6 AVE	HIALEAH FL 33013

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)(f), 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: X

Annette Sanchez

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/11/2004 780-252-4841

Daytime Phone #

1/22/04 DID21 DID 158.75

10/13/03 01100 017 158.75

12/18/03 01014 020 41.25

12/18/03 01026 007 150.00

8/29/03 90087 017 550.00

2/11 00