PLEASE READ ALL INSTRUCTIONS BEFOR

15 APR 10 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E061 (01/13)

DOCUMENT # F13000000404

1. Corporation Name
MAXSOLD INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
490 DISCOVERY AVE.	490 DISCOVERY AVE.
Suite, Apt. #, etc UNIT 7	Suite, Apt. #, etc UNIT 7
City & State KINGSTON, ONTARIO	City & State KINGSTON, ONTARIO
Zip: K7K 7E9 Country: CANADA	Zip: K7K 7E9 Country: CANADA

4. Date Incorporated or Qualified To Do Business in Florida
01/25/2013

5. FEI Number
981082047
Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED
YES
$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 S PINE ISLAND RD.

Suite, Apt. #, etc

City: PLANTATION State: FL Zip Code: 33324

REINSTATEMENT
2014 - 2015

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 04/10/2015
REGISTERED AGENT MUST SIGN

9. 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
PD	PERUMAL, SUSHEE	490 DISCOVERY AVE UNIT 7	KINGSTON, ONTARIO K7K 7E9
SD	GORDON, BARRY	490 DISCOVERY AVE UNIT 7	KINGSTON, ONTARIO K7K 7E9
TD	ROSS, BRAD	490 DISCOVERY AVE UNIT 7	KINGSTON, ONTARIO K7K 7E9

10. E-mail Address: sushee@maxsold.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reorganized corporation or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Sushee Perumal 4/10/2015 877-257-7799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

FLR19 - 05/17/2013 Walters Kluwer Online

APR 10 2015
M. WILLIAMS

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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CORPORATION REINSTATEMENT
MAXSOLD INC.

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