

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

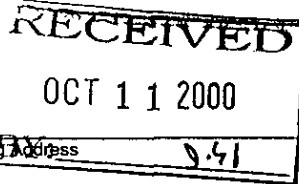


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006506

1. Corporation Name

MAXXIS COMMUNICATIONS, INC.



FILED

00 NOV -6 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1901 MONTREAL ROAD, SUITE 108
TUCKER GA 30084

Mailing Address

1901 MONTREAL ROAD, SUITE 108
TUCKER GA 30084



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

Suite, Apt. #, etc.

~~Same - AS - Above~~

Suite, Apt. #, etc.

~~Same - AS - Above~~

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1998

5. FEI Number

58-2302296

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	GORDY, THOMAS O	1901 MONTREAL ROAD, SUITE 108	TUCKER GA 30084
EVD	LENTZ, PATRICK J	1901 MONTREAL ROAD, SUITE 108	TUCKER GA 30084
CFOS	MCDONOUGH, DANIEL <i>Cameras, DeChare</i>	1901 MONTREAL ROAD, SUITE 108	TUCKER GA 30084
D	CURRY, ALVIN	1901 MONTREAL ROAD, SUITE 108	TUCKER GA 30084
D	GATES, LARRY W II	1901 MONTREAL ROAD, SUITE 108	TUCKER GA 30084
			000003481810--4 -11/30/00--01092--007 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL
		Zip Code

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

SIGNATURE BRIAN COURTNEY, ASST. VP.

Date

10/24/2000

REGISTERED AGENT MUST SIGN

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/00 (770) 696-6343