

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 16 AM 10:45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F99000003886

1. Corporation Name

MAXPLANET, CORP.

Principal Place of Business

Mailing Address

4400 US HIGHWAY ROUTE 9 SOUTH, SUITE 2800 FREEHOLD NJ 07728

4400 US HIGHWAY ROUTE 9 SOUTH SUITE 2800 FREEHOLD NJ 07728



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1478761

Applied For Not Applicable SP

City & State

City & State

Zip

Country

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for VAL, HENRY and GOLDREICH, I.

300003434383--7 -10/23/00--01008--009 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VAL, HENRY 14422 NW 7TH AVENUE NORTH MIAMI FL 33168

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

Handwritten signature and 'SIGNATURE REQUIRED' stamp

REGISTERED AGENT MUST SIGN

Date

10/12/00

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

I: GOLDREICH, VP

10/12/00 Date

7326250770 Daytime Phone #

CR2E040 (8/00)