PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
	RPORATION STATEMENT	Secreta	RTMENT OF STATE iry of State CORPORATIONS		FILED		
•	JMENT # F990000	06 MAY -5 AM 11: 06					
1. Corporation Name				SECRETARY OF STATE ALLAHASSEE, FLORIA			
MAXPLANET, CORP.				300075286123			
2. Principa	al Office Address	ress	05/25/0601044003 **1500.00				
2501 E. COMMERCIAL BLVD. 2501 E.			COMMERCIAL BLVD.		CR2E081 (12/05)		
212	#, etc.	Suite, Apt. #, etc. 212		4. Date Incorporated or Qualified To Do Business in Florida 07/13/1999			
City & State	AUDERDALE, FL	City & State FT LAUDE	City & State FT LAUDERDALE, FL			Applied For	
^{Zip} 3330	Ountry	33308	Country	5. 3114787 6. CERTIFICATE OF STATE	S8.75 Add	Not Applicable	
			Address of Current Register		ior a Ge	rtificate of Status	
	THOMAS F. PIERSON						
	2501°E.°COMMERCIAL BLVD. 35111/04						
•	Suite, Apt. #, Etc.		WI 01-06				
	FT LAUDERDALE				State 33308		
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 4/27/2006							
REGISTERED AGENT MUST SIGN							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each City Const. 75:							
Titles	Officers and/or Directors		Officer and/or Director		City / State / Zip		
PRES			E. COMMERCIAL B	LVD. #212 FT.	FT. LAUDERDALE, FL 33308		
SEC	THOMAS F. PIERSON 2501 E. COMMERCIAL B			LVD. #212 FT.	LAUDERDALE,	FL 33308	
DIR	THOMAS F. PIEF	RSON 2501	E. COMMERCIAL B	LVD. #212 FT.	LAUDERDALE,	FL 33308	
SEC	JOSEPH I. EM	AS 1224	WASHINGTON AVI	enné Migi	1 BEOCH, FL	33139	
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 filling 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 contained in Chapter 119, F.S. The information indicated on this application is true and ascurate, and my signature shall have the same legal effect as if made under oath. O4/27/2006 954-489-1210							
SIGNATURE: 04/27/2006 954-489-1210 SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

K