

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F99000003897

1. Corporation Name

MAXIM GROUP, INC.

Principal Place of Business

Mailing Address

6990 COLUMBIA GATEWAY DRIVE
COLUMBIA MD 21046

7301 PARKWAY DRIVE
HANOVER MD 21076

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1999

5. FEI Number

52-2142569

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
1	2	3	4
P	CUCINA, RICHARD V	6990 COLUMBIA GATEWAY DRIVE	COLUMBIA MD 21046
S	SONES, RANDALL D	7301 PARKWAY DRIVE	HANOVER MD 21076
T	STANDEVEN, DAVID J	7301 PARKWAY DRIVE	HANOVER MD 21076
S	KERR, THOMAS M	7301 PARKWAY DRIVE	HANOVER MD 21076
VP	Alvather, Jay	6990 Columbia Gateway Drive	Columbia MD 21046
CD	CAREY, JOHN T	7301 PARKWAY DRIVE	HANOVER MD 21076

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

Camela A. Sones
REGISTERED AGENT MUST SIGN

Date

12/10/2001

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:

Randall D. Sones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/22/01 410/579-3500

FILED

01 DEC 11 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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CR20040 (8/01)