

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 DEC -5 PM 11:04

DOCUMENT # **K54507**

1. Corporation Name  
Florida Maxima Corporation

2. Principal Office Address  
251 West Fawsett Road

3. Mailing Office Address  
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Winter Park, Florida

City & State

Zip  
32789

Country  
USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **2/29/1988**

5. FEI Number  
59-2947640

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
James E Driskell

Street Address (P.O. Box Number is Not Acceptable)  
251 W Fawsett Road

Suite, Apt. #, Etc.

City  
Winter Park, Florida

State  
FL

Zip Code  
32789

**REINSTATEMENT 00-05**

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 James E Driskell  
REGISTERED AGENT MUST SIGN

Date 11-29-95

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	James E Driskell	251 W Fawsett Road	Winter Park, Florida
Treas	Debbie R Driskell	251 W Fawsett Road	Winter Park, Florida

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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 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: James E Driskell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/05  
Date

407-647-8021  
Daytime Phone #

November 29, 2005

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Request to Waive Reinstatement Fee  
Florida Maxima Corporation  
251 West Fawsett Road  
Winter Park, Florida 32789

59-2947640


To Whom It May Concern,

Please accept this letter as Florida Maxima's formal request to waive the reinstatement fee as we were not in receipt of our Annual Report since 2000. Via a phone conversation with a representative of your office, she indicated that your records reflect an undeliverable 2000 Annual Report. Our offices relocated during that year and the mail must not have been forwarded.

We have enclosed a completed corporate reinstatement form with the fee of \$900.00 based on the above referenced conversation. If any other information must be provided, please feel free to contact me at the above address.

Thank you in advance for your timely attention to my request and the reinstatement of Florida Maxima in good report standing with the State of Florida Division of Corporations.

Sincerely,



James E Driskell  
President