PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 21 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K95781

1. Corporation Name

DEMAX, INC.

Principal Place of Business	Mailing Address
6137 Beaconwood Road Lake Worth, FL 33467	6137 Beaconwood Road Lake Worth, FL 33467

REINSTATEMENT 96-97

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
6137 Beaconwood Road
Suite, Apt. #, etc.
City & State
Lake Worth, FL
Zip 33467 Country

3. New Mailing Address, If Applicable
6137 Beaconwood Road
Suite, Apt. #, etc.
City & State
Lake Worth, FL
Zip 33467 Country

4. Date Incorporated or Qualified To Do Business in Florida
6/15/89

5. FEI Number
65-0161658
☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	GEORGE MANTALIS	6137 Beaconwood Road	Lake Worth, FL 33467
S/T/D	MICHAEL MANTALIS	512 SE Cliff Road	Port St. Lucie, FL 34951

600002188136--6
-05/22/97--01061--012
****915.00 ****915.00

600002188136--6
-05/22/97--01061--013
******8.75 ******8.75

JBB 5-21-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name
GEORGE MANTALIS
Street Address (P.O. Box Number is Not Acceptable)
6137 Beaconwood Road
Suite, Apt. #, Etc.
City: Lake Worth | State: FL | Zip Code: 33467

CR2E040 (12/95)

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: George Mantalis — REGISTERED AGENT MUST SIGN — Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ *(See other side for information on intangible tax.)*

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: George Mantalis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #