Division of Corporations

L05000109989

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

REINSTATEMENT

From:
Account Name : Berman Rennert Vogel & Mandler, PA
Account Number : 076103002011
Phone : (305)577-4177
Fax Number : (305)373-6036

RECEIVED
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

MAXWELL HOLDINGS, LLC

LS

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$200.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 MAY -9 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000109989

1. Limited Liability Company's Name
Maxwell Holdings, LLC

REINSTATEMENT

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
8601 N.W. 81st Road	7939 NW 84th St
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.: Suite 101
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166 Country: US	Zip: 33166 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/14/2005

6. FEI Number: 20-3788131 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2nd Street

Suite, Apt. #, Etc.: Suite 2900

City: Miami State: FL Zip Code: 33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Charles Rennert Charles J. Rennert, V.P. Date: 5/2/07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jeff Fruman	8601 N.W. 81 Road, Suite 101	Miami, Florida 33166

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager: _____ Date: 5/2/07 Daytime Phone #: (6-7) 5906468

Typed or printed name of signing Managing Member/Manager: Jeff Fruman, Member