

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -3 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/10/03--01060--001 ***458.75

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #L22772

1. Corporation Name

MAXXTRANS CORPORATION

2. Principal Office Address

7821 N.W. 72 AVENUE

Suite, Apt. #, etc.

City & State

MEDLEY, FLORIDA

Zip

33166

Country

U.S.A.

3. Mailing Office Address

7821 N.W. 72 AVENUE

Suite, Apt. #, etc.

City & State

MEDLEY, FLORIDA

Zip

33166

Country

U. S. A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

13 OCTOBER 1989

5. FEI Number

59-2987098

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

NELSON A. MARTINEZ

Street Address (P.O. Box Number Is Not Acceptable)

7821 N.W. 72 AVENUE

Suite, Apt. #, Etc.

City

MEDLEY

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date **2 JULY 2003**

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
P	NELSON A. MARTINEZ	1092 HIDDEN VALLEY WAY	WESTON, FL 33327
VP	INGRID L. MARTINEZ	1092 HIDDEN VALLEY WAY	WESTON, FL 33327
T	MICHELLE YOUSUF	1509 CANARY ISLAND DR.	WESTON, FL 33327
S	INGRID L. MARTINEZ	1092 HIDDEN VALLEY WAY	WESTON, FL 33327

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NELSON A. MARTINEZ, PRES.

2 JULY 2003

Date

305-885-0044

Daytime Phone #

CR2E081 (10/02)

71 713



2 July 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Gentlemen:

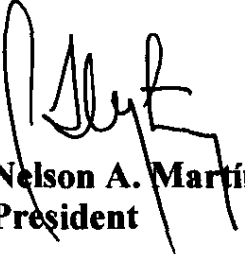
This is our formal request to receive a penalty waiver, pertaining to our Annual Corporate Reports, as we have been at our present address since the year 2000, and according to your records our mailing address was still at our previous location.

We enclose our Check # 3638, in the amount of \$458.75, to cover the filing-reinstatement fee, plus a Certificate of Status. Corp. Direct Agents are serving as our agents to present and expedite this matter on our behalf.

Thanking you for your cooperation, we remain,

Very truly yours,

MAXXTRANS CORPORATION



Nelson A. Martinez
President