PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 FEB 18 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L45011

1. Corporation Name: MILLMAX U.S. INC.

W99-3712

Principal Place of Business / Mailing Address
2020 N.E. 163rd Street
Suite 300
North Miami Beach, Florida 33162

REINSTATEMENT 94-99

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

2. New Principal Office Address, If Applicable: 2030 South Ocean Drive
Suite, Apt. #, etc.: 1704
City & State: Hallandale, Florida
Zip: 33009 Country: USA

3. New Mailing Office Address, If Applicable: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: JANUARY 22, 1990

5. FEI Number: 52-1690462 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	MAX MILLER	2030 So. Ocean Dr. #1704	HALLANDALE, FL, 33009

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***1500.00 ***1500.00

8. Name and Address of Current Registered Agent
Ken Friedman
2020 NE 163rd St
Suite 300
No. Mia. Bch, 33180, Fl.

9. Name and Address of New Registered Agent
Name: LARRY S. SAZANT
Street Address (P.O. Box Number is Not Acceptable): 2525 NO. STATE RD 7,
Suite, Apt. #, Etc.: Suite 100
City: Hollywood
State: FL Zip Code: 33021

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: Larry S Sazant
REGISTERED AGENT MUST SIGN
Date: Feb. 15, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐
(See other side for information on intangible tax.)

12. 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: Max Miller MAX MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: Jan 28/99
Daytime Phone #: 954 456-3069