

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **L50592**

1. Corporation Name
MAXIMUM 2, INC.

Principal Place of Business
P.O. BOX 372086
SATELLITE BEACH FL 32937

Mailing Address
P.O. BOX 372086
SATELLITE BEACH FL 32937

FILED
96 NOV -4 PH 3: 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *95-alo*

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		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/12/1990	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2988460	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					

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
PRE	KARL HEDGECASH	100 SEAWIND DRIVE	SATELLITE BEACH FL 32937
	HIRSCH - Juliana	692 Hedgecask Sq.	SATELLITE BEACH FL 32937
V	HIRSCH, JULIANA	692 HEDGE CASH SQUARE	SATELLITE BEACH FL 32937

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-11/12/96--01001--012
***583.75 ***583.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HIRSCH, JULIANA 692 HEDGE CASH SQUARE SATELLITE BEACH FL 32937		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State FL Zip Code	

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 *Juliana Hirsch* **REQUIRED** Date **10/28/96**
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 817, 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 817.0401, 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: *Juliana Hirsch* **REQUIRED** Date **10/28/96** 407-779-9239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR