PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

97 NOV -3 PH 12: 23

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Sportstant of State

Secretary of State

DIVISION OF CORPORATIONS

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L91547

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

1. Corporation Name

MAXNET COMMUNICATION SYSTEMS, INC.

INITALIA	ILT OCIVIIVICATION 3	TOTEIVIO,	, IIVC.		TALLA	HASSEE, FLORIDA	.
Principal Pi	Place of Business	Mailing Addre	ess		1		
1915 HOLLYWOOD BLVD- 1915 HOLLY BLDG A		- ''WOOD BLVD 9 D Ft-89020				**************************************	
if above ε	addresses are incorrect in any way, line thro	ough incorrect in	nformation and ente	er correction below.	REINS	TATEMEN	T 0/1
225	incipal Office Address, If Applicable DANIA BEAGT BWD	225		Ir Applicable 1 <i>B51/U1 6</i> U	4. Date Incorp	orated or Qualified	08/02/1990
Suite, Apt.		Sulte, Apt. #,			5. FEI Number	65-0262943	Applied For Not Applicable
2ip 330	Country	<i>DA</i> zip 3300	NIA F	z usa-	6. CERTIFICATE	E OF STATUS DESIRED [8.75 Additional Fee required for a Certificate of Status
	and Street Addresses of Each Officer and/o	or Director (Floi	rida nonprofit corpo	rations must list at lea	ast 3 directors)		
Title(s)	Namo of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N) Numbers)	City / 9	State / Zip
P	BLAUSTEIN, ALAN		1815 HOLLYWOOD BLVD, BLDG 225 E. NANA BEACH B			HOLLYWOOD FL-	33004
ST BLAUSTEIN, LIHNY			-1015 HOLLYWOOD BLVD BLDG A -225 E. DANIA BEATH BLVD			HOLLYWOOD FL DANIA FZ	33004
					Sí	00002340 -11706797 ****750.00	7 00455 -01052014) ****750.00
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					B	a^
				·		Wil.	·
	8. Name and Address of Current R	tegistered Age	nt	Name	9. Name and A	Address of New Registered	d Agent
BLAUSTEIN, ALAN 1915 HOLLYWOOD BLVD BLDG A HOLLYWOOD FL 63020 10. Vibeling appointed the registered agent of the above Registed corporation, am familiar			Street Address (P.O. Box Number is Not Acceptable) 235 E. JAWA BEAGH BLVD Suite, Apt. #, Etc.				
			しけかれ FL			te Zip Code L 33co+	
10. Ubeling Signature o Registered	of AMA	Maus Hi	ration, am familiar v	with and accept the ob	oligations of Section		30-97

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 whon 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:

DIRECTOR V. BLAUSIEM 10-30-97 Date

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(See other side for information on intangible tax.)