APPLICATION FOR						4. Date Incorp	98 DEC -8 PM 6: N3 SECRETARY OF STATE TALLAHASSEE. FLORIDA 700002709567-1 -12/11/98-01002-001 ****150.00 ****150.00
Suite, Apt #, etc	Suile, Apt #, etc.					ness in Florida 08–30–90	
City & State	City & State				5. FEI Number Applied For Not Applicable		
Žip Country		Zip		Country		6. CERTIFICATI	E OF STATUS DESIRED S8.75 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)							
Title(s) 2	and/or Directors	Name of Officers Street Address of Each Officer and/or Directors 3 (Do NOT Use Post Office Box No.					City / State / Zip
PD HARTIGAN, JOSEPH			18249 SW 65 LOOP			ROAD	DUNNELLON, FL 34432
8.	Name and Address of Current F	Registered Agen	13	12	-19/98	9. Name and A	Address of New Registered Agent
POWELL, ARNOLD D. (CPA) 3630 SW 23rd STREET MIAMI, FLORIDA 33145					Name Street Address (P.Ö. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code		
10. I, being appointed the registered agent of the above panel of corporation, an familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 12-1-98 REGISTERED AGENT MUST SIGN							
11. This corporation owes or has paid 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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR Date Date Date Daylime Phone N Date Daylime Phone N							
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Maxines Upholstery Inc 5061 N.W. 159th Street Hialeah, Fl 33014

Tuesday, December 1, 1998

Florida Department of State Division of Corporations Attention: Annual Reports Section P.O. Box 6327 Tallahassee, Fl 32314 2

RE: Late filing of the 1998 Corporate Annual Report for Maxines Upholstery Inc.

To whom it may concern,

I have been incorporated in the State of Florida for the past eight years. During that time I have not been late once filing the annual report. Unfortunately, I did not receive the first annual report notice from your office. We are aware that the filing of the annual report is required by Florida Law and thought that we had filed this form on time.

I spoke with my accountant last week and he said that some other companies that also filed late were allowed to pay a reduced amount if they did not receive the first notice.

Because of my excellent filing history and the fact that I did not receive the first filing notice I am respectfully requesting penalty abatement for the late filing of my 1998 Annual Report. Your understanding and sympathy regarding this matter will be appreciated.

We have enclosed a check for \$150.00 which is the amount due for timely filed annual reports.

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Joseph Hartigan, President