

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # M62738

1. Corporation Name

MAXIMA INTERNATIONAL, INC.

Miami, Florida

Principal Place of Business

Mailing Address

3305 N. W. 74 Avenue
Miami, FL 33122

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

FILED

99 MAR 16 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

98-99
2-28
3/16/99

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/87

5. FEI Number

65-0012986

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
STD	MOLINA, EDUARDO	110 S. W. 136th Ave.	Miami, FL 33184
CEOD	CARMONA, FRANCISCO R.	8225 N. W. 7 St.	Miami, FL 33126

31000002-811 470131-01
-03/23/99--01024--002-
****900.00 ****900.00

8. Name and Address of Current Registered Agent

MOLINA, EDUARDO
110 S.W. 136 Ave.
Miami, FL 33184

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 3/12/99

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 chapters 607 or 612, 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 612.0401, 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)(g), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

Daytime Phone #