

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 # **M89917**

1. Corporation Name

MAXWELL BUILDERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 13087 15054 Tamarind Cay Ct
CAPE CORAL FL 33915 #704

Ft Myers Fl 33908

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

33908

USA

4. Date Incorporated or Qualified To Do Business in Florida

07/18/1988

5. FEI Number

65-0068835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
D	MAXWELL, DONALD W.	5805 SW 14TH AVENUE	CAPE CORAL FL
		15054 Tamarind Cay Ct #704	Fort Myers, Fl 33908
			300001998509--3 -11/07/96--01015--015 ****288.75 ****288.75
			300001998509--3 -11/07/96--01015--016 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAXWELL, DONALD W.

5805 SW 14TH AVENUE
CAPE CORAL FL 33908

15054 Tamarind Cay Ct
#704
Fort Myers Fl 33908

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Donald W. Maxwell
REQUIRED
REGISTERED AGENT MUST SIGN

Date

9/20/96

11. 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.)

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:

Donald W. Maxwell
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 437388



REINSTATEMENT

1996 11-6-96

FILED

96 NOV 24 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA