

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002271

1. Corporation Name  
EMPLOYMAX.COM, INC.

Principal Place of Business  
1704 CLEARWATER-LARGO RIAD  
STE F2  
CLEARWATER FL 33756

Mailing Address  
1704 CLEARWATER-LARGO RIAD  
STE F2  
CLEARWATER FL 33756



REINSTATEMENT 02

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/01/2000	
City & State		City & State		5. FEI Number	
Zip		Country		22-3734828	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DIPALO, AL	1704 CLEARWATER LARGO ROAD	CLEARWATER FL 33756
D	DIPALO, VICTORIA	1704 CLEARWATER LARGO ROAD	CLEARWATER FL 33756
			700008639477 10/29/02--01001--026 **750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVENUE SUITE 900 MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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. or 617.0505, F.S.

Signature of Registered Agent: **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date: Oct. 25, 2002

11. 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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Oct. 25, 2002  
Daytime Phone #: 377-499-4700

CR2E040 (8/02)