

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -9 PM 1:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000054764

1. Corporation Name

MAXIMO MOTORS, INC.

REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

17116 U S 19 NORTH
SUITE B
CLEARWATER FL 33764
US

17116 U S 19 NORTH
SUITE B
CLEARWATER FL 33764
US



600030123526
03/09/04--01061--031 **150.00

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

05/30/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3652203

Applied For

Not Applicable

City & State

City & State

~~NEWPORT RICHEY FL~~

~~CLEARWATER FL~~

Zip 34652 Country USA

Zip 33760 Country USA

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ROBERTS, GARY	17116-B U S 19 NORTH	CLEARWATER FL 33764
P	ROBERTS, GARY	1805 CLEARBROOKE AVE	CLEARWATER FL 33760

600030123526
04/12/04--01067--007 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERTS, GARY
15176 U.S. 19 NORTH
CLEARWATER FL 33764

Name GARY ROBERTS
Street Address (P.O. Box Number is Not Acceptable)
1805 CLEARBROOKE AVE
Suite, Apt. #, Etc.

City CLEARWATER State FL Zip Code 33760

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

REGISTERED AGENT MUST SIGN

Date 3-4-04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-04

Date

727-709-1583

Daytime Phone #

CFRE040 (7/03)

20f2

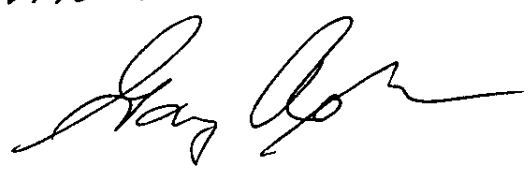
3-4-04

TO WHOM IT MAY CONCERN,

PLEASE NOTE THAT I DID NOT
RECEIVE THE FIRST 2 UBR'S.

I HAVE CHANGED THE ADDRESS SO
THAT IT WON'T HAPPEN AGAIN.
THIS WAS FOR 2003 YEAR.

THANK YOU



GARY ROBERTS PRES.
MAXIMO MOTORS INC.