

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 PM 7:04

DOCUMENT # P00000092592

1. Corporation Name

MAXIMUM CONSTRUCTION SERVICES, INC.

Principal Place of Business

1303 WILLOW CREEK ROAD
OCOE FL 34761

Mailing Address

PO BOX 783302
WINTER GARDENS FL 34778



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

09/28/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1401 W. Gore St. Suite 3

City & State
Orlando FL

City & State

Zip
32806

Country

Orange

Zip

Country

5. FEI Number

59-3675857

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	City / State / Zip
D	FLANNERY, DANNY	1303 WILLOW CREEK ROAD	OCOE FL 34761
D	ZAKHARY, PETER	1070 CHASE DRIVE	WINTER GARDEN FL 34787
D	Flannery, Danny	3834 Fallscrest Cir.	Clermont, FL 34711
D	Zakhary, Peter	311	
			100004669891--5 -11/06/01--01091--016 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLANNERY, DANNY
1303 WILLOW CREEK ROAD
OCOE FL 34761

Name

Flannery, Danny

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

1401 W. Gore St.

Suite, Apt. #, Etc.

Suite 3

City

Orlando

State

FL

Zip Code

32806

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-15-01 AD

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

Danny Flannery

Date

10-15-01 407-244-3064

Daytime Phone #

CR2E040 (8/01)

2

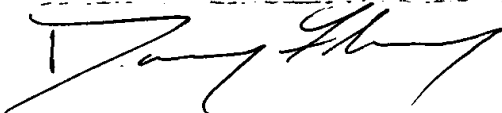
MAXIMUM CONSTRUCTION SERVICES

**P.O. Box 783302 Winter Garden, FL 34778
Phone:(407) 3065244-3064 Fax:(407) 244-3065**

To Whom It May Concern:

On Friday 10/12/01 we received a notice of the administrative dissolution or revocation. This Has been our first year in business, and the first time we have ever received information in order to complete such a report. On Monday 10/15/01 we contacted an examiner and explained the fact that we had never received any forms until now. I was then informed to fill out the application and mail it back along with this letter and a check in the amount of \$150.00. Enclosed you will find our updated information and a check in the amount of \$150.00. We apologize about any inconvenience and look forward to receiving and returning this report on time next year. We hope that this resolves this issue and look forward to continuing this business relationship. If there are any questions concerning this matter please call or contact us from the above listed information.

Sincerely,



Maximum Construction Services, Inc.
Danny Flannery