

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 MAY 20 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

MAXWELL S, INC.

P00000110195

2540 NE 48 CT

LIGHTHOUSE PT FL 33064

2. Principal Office Address

10205 Collins Avenue

Suite, Apt. #, etc.

Apt. 104

City & State

Miami, Florida

Zip

Country

3. Mailing Office Address

10205 Collins Avenue

Suite, Apt. #, etc.

Apt. 104

City & State

Miami, Florida

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/2000

5. FEI Number

65-110645-1

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

FROST, IRWIN M.

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

1111 Brickell Avenue

Suite, Apt. #, Etc.

Suite 2050

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Irwin M. Frost

Date

4/26/02

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Tenenbaum, Hannah	10205 Collins Avenue Apt. 104	Miami, FL 33154

10. 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

HANNAH TENENBAUM

Date

4/14/02

Daytime Phone #

305 374-3001

CR2E081 (9/01)