

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 11 AM 6:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002422

1. Corporation Name

GOLDMAX REALTY, INC.

9745 SW 72 Street

9745 SW 72 Street

2. Principal Office Address

9745 SW 72 Street

Suite, Apt. #, etc.

207

City & State

MIAMI

Zip

33173

Country

US

3. Mailing Office Address

9745 SW 72 Street

Suite, Apt. #, etc.

207

City & State

FLORIDA

Zip

33173

Country

US

REINSTATEMENT

OB-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 01/02/2001

5. FEI Number
651064669

☒ 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
Juan M Morales

Street Address (P.O. Box Number is Not Acceptable)
6425 SW 107 AVE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33173

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 *Juan M. Morales Leyva*
REGISTERED AGENT MUST SIGN

Date 04-30-04

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
DPS	Juan M Morales	6425 SW 107 AVE	MIAMI, FL 33173

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: *Juan M. Morales Leyva*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

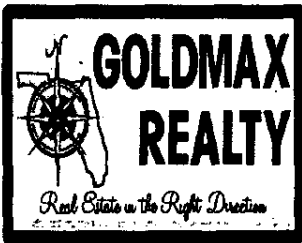
04/30/2004

Date

305-595-8586

Daytime Phone #

CR2E081 (01/04)



9745 S.W. Sunset Drive Suite 207
Miami, FL 33173
305-595-8586 Office
305-595-85-14Fax

May 5, 2004

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

- As per our conversation on May 5th 2004, we are requesting a waiver of the reinstatement fee, Due to the fact that we did not receive any notices. Enclosed you will find the Reinstatement documents as well as the required fee. Should you have any questions please contact us at 305-595-8586.

Sincerely,

JUAN M Morales
President and C.E.O. Of GOLDMAX Realty Inc.