

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P01000090828

1. Corporation Name

MAXIGRANT, INC

2. Principal Office Address - No P.O. Box #
1332 Ocean Dr

3. Mailing Office Address
1332 Ocean Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Beach, FL

City & State
Miami Beach, FL

Zip
33139

Country
USA

Zip
33139

Country
USA

7. Name and Address of Current Registered Agent

Name
Samantha Chouloute

Street Address (P.O. Box Number is Not Acceptable)
1332 Ocean Dr

Suite, Apt. #, Etc.

City
Miami Beach

State
FL

Zip Code
33139

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **11/20/2007**

REGISTERED AGENT MUST SIGN

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
P.D	Samantha Chouloute	1332 Ocean Dr	Miami Beach, FL 33139
			12/18/07--01024--008 **875
			B124/07
		REINSTATEMENT 02-07	
			000113223360
			12/18/07--01024--009 **150.00
			000113223360
			12/18/07--01024--010 **750.00

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 contained in Chapter 119, 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

11/20/2007

Date

Daytime Phone #