

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 28 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095569

1. Corporation Name

MAX TREES, INC.

2. Principal Office Address
8465 SW 44 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33155

Country
USA

3. Mailing Office Address
8465 SW 44 STREET

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33155

Country
USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida** 9/28/2001

5. FEI Number
65-1140739

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 JAVIER FLEITES

Street Address (P.O. Box Number is Not Acceptable)
8465 SW 44 STREET

Suite, Apt. #, Etc.

City
MIAMI

900034800369

04/30/04--01009--020 **150 00

900034800369

04/30/04--01009--021 **150 00

State
FL

Zip Code
33155

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

Date 4-22-04

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
P	JUAN JAVIER FLEITES	8465 SW 44 STREET	MIAMI, FL 33155

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

JUAN JAVIER FLEITES

April 22, 2004

Date

Daytime Phone #

345-598-2222

CR2E081 (01/04)

NEIL J. MORNICK, C.P.A.
CERTIFIED PUBLIC ACCOUNTANT
Kendall Summit Executive Centre, #204
11440 N Kendall Drive
Miami, FL 33176
Tel. (305) 598-2224
Fax. (305) 598-2226

April 22, 2004

Reinstatement Division
Florida Dept of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Max Trees, Inc.
Document No.: P01000095569

Gentlemen:

Enclosed please find a completed and signed Application for Reinstatement with check No. 1510 for \$150 being renewal fees for 2003.

Please be explained that this corporation had changed its address since December 2002. They were not aware of the non-renewal until we drew their attention that the corporation had not filed the 2003 UBR when we were going through their books for 2003. Obviously, they had not received the 2003 UBR notice since the mailing/actual address had changed.

I am writing to beseech this one-time abatement of late filing penalty. Please confirm to us in writing your acceptance. Enclosed also is check No. 1511 for \$150 to renew 2004 Annual Report. I was not able to down load the renewal form for 2004 as the corporation was in a delinquent state. Thank you so much for your attention.

Sincerely,



Neil J. Mornick, CPA

NJM/kk
Enc.

cc: Client