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
04 FEB 11 PM 3:46

DOCUMENT # P02000076764

REINSTATEMENT 03-04

1. Corporation Name
MAEEX CORPORATION

2. Principal Office Address	3. Mailing Office Address
3460 E. 6 Ave	3460 E. 6 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Fl,	City & State: Hialeah Fla,
Zip: 33013 Country: US	Zip: 33013 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 7/15/2002

5. FEI Number: 11-3643104 ☐ 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: ANNETTE, SANCHEZ

Street Address (P.O. Box Number is Not Acceptable): 3460 E. 6 AVE

Suite, Apt. #, Etc.:

City: HIALEAH State: FL Zip Code: 33013

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: X [signature] Date: 2/11/2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SANCHEZ, ANNETTE	3460 E. 6 AVE	HIALEAH FL 33013

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: X [signature] Annette Sanchez 2/11/2004 786-252-4541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/22/04 01021 010 158.75
10/13/03 01100 017 158.75
12/8/03 01014 020 43.75
12/18/03 01026 007 150.00
8/29/03 90087 017 550.00

2/11 aw