

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000078743

1. Corporation Name

MAXMINA CORP

Principal Place of Business

9 JACARANDA DRIVE
APT 109
PLANTATION FL 33324

Mailing Address

9 JACARANDA DRIVE
APT 109
PLANTATION FL 33324

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/2002

5. FEI Number

51-0416650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ELIYON, MAXIMO	9 JACARANDA COURT APT 109	PLANTATION FL 33324

8. Name and Address of Current Registered Agent

KING, MARK
3890 W. COMMERCIAL BLVD
SUITE 214
FORT LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name Mark King
Street Address (P.O. Box Number is Not Acceptable)
5353 N. Federal Highway
Suite 207
City Fort Lauderdale State FL Zip Code 33309

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/19/03

11. 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

Date

Daytime Phone #

10-18-03

954 357-7776

CR2E040 (7/03)

Memo

To: DEPT OF STATE - DIVISION OF CORPS

From: MAXMINA CORP P02000078743

Subject: 2003 UNIFORM BUSINESS REPORT


Date: October 28, 2003

I am in receipt of the Application for Reinstatement for my company Maxmina Corp.

I never received the original Uniform Business Report. This is probably because the Post Office hasn't linked my company name to my apartment. Only my last name is linked to my apartment.

For these reasons, I ask you to waive the late fees and allow me to renew at the original cost of \$ 150.00 which you already have.

Thank you,


Maxmimo Eliyoon
President