

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 102 000 128449

Corporation Name

Max T. Holzman Inc.

FILED

03 OCT 28 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified 12/5/2002 3a. Date of Last Report

4. Principal Place of Business

2a. Mailing Address

4. FBI Number

☒ Applied For  
☐ Not Applicable

1 150 WEST FLAGLER STREET

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

2 SUITE 2626

27

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

3 MIAMI FL

28

Zip

County

Zip

County

8. This corporation has liability for intangible tax under  
a. 199.032, Florida Statutes ☐ Yes ☐ No

33130

25 DADE

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

MAX T. HOLTZMAN

82 Street Address (P.O. Box Number is Not Acceptable)

150 WEST FLAGLER STREET SUITE 2626

83

84

City

MIAMI

FL

85

Zip Code

33130

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

D HOLTZMAN, MAX T.

☐ DELETE

150 WEST FLAGLER STREET SUITE  
2626

CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

600024395076  
11/04/03--01010--024 \*\*150.00

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/03

305-577-0200

JR

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Max T. Holzman Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. \$150 check payable to Florida Department of State

We never received the <sup>2003</sup> Uniform Business Report that should have been mailed to us.  
Please waive the late filing fee and treat the company as never being administratively  
dissolved. Thank you.

By: 

Name: MAX T. HOLTZMAN

Title: Director

Date: 11/23/03