
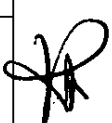

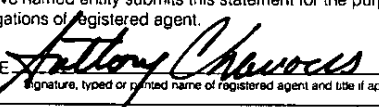
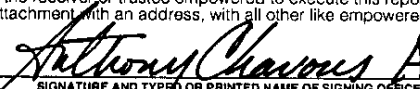


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000023742</b>				<b>FILED</b>	
1. Entity Name <b>MAXDEL, INC.</b>				05 JUN 29 PM 12:15	
Principal Place of Business <b>22317 SOUTHWEST 66TH AVENUE BOCA RATON, FL 33428</b>		Mailing Address <b>22317 SOUTHWEST 66TH AVENUE BOCA RATON, FL 33428</b>		 <b>SECRET</b> <b>TALLAHASSEE, FLORIDA</b>	
2. Principal Place of Business <b>21463 TOWN LAKES DR</b>		3. Mailing Address <b>21463 TOWN LAKES DR</b>		 <b>REINSTATEMENT 04-05</b>	
Suite, Apt. #, etc. <b>424</b>		Suite, Apt. #, etc. <b>424</b>		4. FEI Number <b>59-3768053</b>	
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip <b>33486</b>		Country <b>PAIM BCH</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent <b>ANTHONY CHAVOUS</b> <b>21463 TOWN LAKES DR. #424</b> <b>BOCA RATON, FL 33486</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <b>ANTHONY CHAVOUS</b> DATE: <b>6/23/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DPS CHAVOUS, ANTHONY M 22317 SOUTHWEST 66TH AVENUE BOCA RATON, FL 33428</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100056526481</b> <b>06/27/05--01005--004 **\$908.75</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DVT BROOKS, DELSIA S 22317 SOUTHWEST 66TH AVENUE BOCA RATON, FL 33428</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b></b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  <b>ANTHONY CHAVOUS</b> DATE: <b>6/23/05</b> 561 362-392 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					