2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000056603

1. Entity Name
MAXIM CHARTER BUS COMPANY, INC.

FILED
04 NOV -9 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
14-71 SOUTH EAST PORT ST LUCIES BLVD PORT ST LUCIE, FL 34952	14-71 SOUTH EAST PORT ST LUCIES BLVD PORT ST LUCIE, FL 34952

10282004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	57 West 38th Street Suite, Apt. #, etc. FL. 12
City & State	City & State NEW YORK NY
Zip / Country	Zip 10018 / Country USA

4. FEI Number 06-1696486 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOA, CARRIE K 14-71 SOUTH EAST PORT ST LUCIES BLVD PORT ST LUCIE, FL 34952	Name TAM, GORDON Street Address (P.O. Box Number is Not Acceptable) 14-71 SOUTH EAST PORT ST LUCIES BLVD City PORT ST LUCIE, FL Zip Code 34952

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 X _____ 10/28/2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. CARRIE K JOA 261-38 Td Rd. LITTLE NECK, NY 11004	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GORDON TAM 73-41, 173 th Street Flushing, NY 11366	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300042610923 11/09/04--01089--005 **750.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X _____ 10/28/2004 718-886-8128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #