


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000059954		
1. Entity Name CAPTAIN MAX INC.		

FILED
04 NOV 22 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

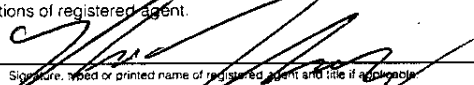
Principal Place of Business 5597 PARK ROAD FT. LAUDERDALE, FL 33312 US	Mailing Address 5597 PARK ROAD (NORTH) FT. LAUDERDALE, FL 33312 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65 1136042		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent EDELMAN, JAY L 9850 SUNRISE LAKES BLVD. 209 SUNRISE, FL 33322	
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7. Name and Address of New Registered Agent Name: MAXWELL MURPHY Street Address (P.O. Box Number is Not Acceptable): 5597 PARK ROAD (NORTH) City: FT LAUDERDALE, FL Zip Code: 33312	
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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: 	DATE: 11/16/04

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV MURPHY, MAXWELL 5597 PARK ROAD FT. LAUDERDALE, FL 33312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 	DATE: 11/16/04

**CAPTAIN MAX, INC.
5597 PARK ROAD
FT. LAUDERDALE, FLORIDA 33312**

November 14, 2004

Secretary of State
Division of Corporations
Annual Reports Filings
409 East Gaines St
Tallahassee, FL 32399

RE: PO30000059954

To Whom It May Concern:

Please find our check for \$300

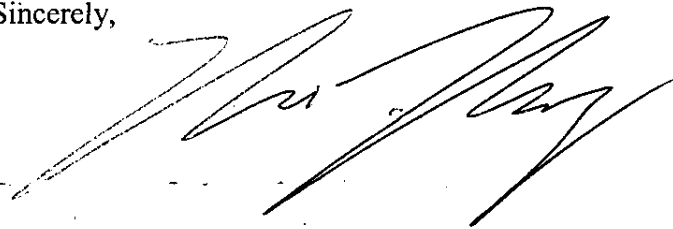
Please note that we did not receive the Uniform Business Report.

We had given the form and the check to our accountant. Our accountant was to complete the form to renew our corporation and then to mail it in. Our accountant then turned ill, and as a result forgot to mail in the necessary paperwork and check for your fees.

Please accept this payment and form now; and please abate all penalties and interest.

If you have any questions, please do not hesitate to contact me

Sincerely,

A handwritten signature in black ink, appearing to read "John P. [unclear]", written over a horizontal line.