

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB 10 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03 000131861

1. Corporation Name

MAXIMUM LIMITS, INC

AK

REINSTATEMENT 04-05

2. Principal Office Address

3831 W VINE ST

Suite, Apt. #, etc.

70

City & State

Kissimmee Florida

Zip

34741

Country

USA

3. Mailing Office Address

3831 W VINE ST

Suite, Apt. #, etc.

70

City & State

Kissimmee Florida

Zip

34741

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-13-2003

5. FEI Number

59-3752134

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MRIBA RUBERA

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

3831 W VINE STREET

Suite, Apt. #, Etc.

70

City

Kissimmee

State

FL

Zip Code

34741

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Emelba Rubera

REGISTERED AGENT MUST SIGN

Date

2/1/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	MRIBA RUBERA	3831 W. VINE ST #70	KISSIMMEE, FL 34741
V/S	MAXIMILIAN RUBERA	3831 W. VINE ST #70	KISSIMMEE, FL 34741

10. 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:

Emelba Rubera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/05

Daytime Phone #

407-932-5050

0325081 (07/05)

2052

February 1, 2005

Florida Department of State
Division of Corporation
P.O. Box-1500
Tallahassee, Florida 32302-1500

Dear: Sirs

Enclosed you'll find check issue to you in the amount of \$300.00. You'll also find a copy of the completed 2005 reinstatement form for our company. The \$300.00 is for the year 2004 & 2005 annual report that we did not file last year. We are sending you this payment and at the same time voice our apology to you for not having it paid sooner. We started our business and incorporated on November 13, 2003. It came as quite a shock and surprise to us that we had to pay for the renewal of our company and that our corporation was inactive since we never received any letter or information from you. Please note our new address and other information you require. Please accept the enclosed and adjust the records accordingly. Should you have any question, you may give me a call at 407-932-5050. Thank you.

Sincerely,



Melba Rubera
President/Treasurer
Maximum Limits, Inc.
Doc# P03000131861