

P04000030529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

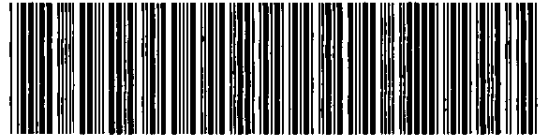
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ✓

Special Instructions to Filing Officer:

Office Use Only



300162288163

10/29/09--01013--011 \*\*43.75

*Amend*

09 NOV 12 AM 10:46

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T Roberts NOV 11 2009

T Roberts NOV 16 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2009

FRANKLIN C FERGUSON, SR., ESQ.  
LAW OFFICES OF FRANKLIN C FERGUSON, SR, PA  
17760 NW 214 ST STE 100  
MIAMI GARDENS, FL 33169

SUBJECT: MAXIE ENTERPRISES, INC.  
Ref. Number: P04000030529

We have received your document for MAXIE ENTERPRISES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2008 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$150.00 filing fee per year for each year the corporation has been dissolved.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2009 Annual Report and Supplemental Fee.

The changes reflected in your document can be made on the reinstatement application. You can deduct the fee previously submitted from the reinstatement fee due.

Please show title for signing officer.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 209A00034460

*Law Offices of*  
**FRANKLIN C. FERGUSON, Sr., P.A.**  
17760 NW 2<sup>nd</sup> Avenue, Suite 100, Miami, FL 33169  
Telephone 305 655-2232 Facsimile 305 655-2242

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**VIA FEDERAL EXPRESS**

November 11, 2009

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Document Number P04000030529**

Dear Amendment Section,

Enclosed herein is a the Corporation Reinstatement and Articles of Amendment to Articles of Incorporation of Maxie Enterprises, Inc and we've changed the registered agent. We have already paid the fees and the state has cashed the check for the fees. The first filing of Corporation Reinstatement was rejected therefore, we are sending the correction. Should you have any questions please feel free to contact my office.

Very Truly Yours,

By: 

**FRANKLIN C. FERGUSON, SR., ESQ.**

enclosures  
em/FCF

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MAXIE ENTERPRISES

**DOCUMENT NUMBER:** P04000030529

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Franklin C Ferguson, Sr., Esq.

Name of Contact Person

Law Offices of Franklin C. Ferguson, Sr.

Firm/ Company

17760 NW 214 St STE 100

Address

Miami Gardens, FL 33169

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANKLIN C. FERGUSON, SR., ESQ. at ( 305 ) 655-2232  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is enclosed) |
|--|---|--|---|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*Handwritten initials/signature*

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 NOV 12 AM 10:46

MAXIE ENTERPRISES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P04000030529

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

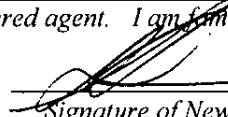
Name of New Registered Agent: Stanford Boncomper

New Registered Office Address: 1520 NW 56th Ave  
(Florida street address)

Lauderhill, Florida 33313  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Stanford Boncomper	19311 NW 19 Ave Miami, FL 33056	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Ketline Dorange	19311 NW 19 Ave Miami, FL 33056	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 10/23/09  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/23/09

Signature \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

\_\_\_\_\_  
Stanford Boncomper  
(Typed or printed name of person signing)

\_\_\_\_\_  
President  
(Title of person signing)