

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JAN -7 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000139883400  
01/07/09--01032--009 \*\*450.00

CR2E081 (12/07)

DOCUMENT # P04000049209

1. Corporation Name

MAXIM CORPORATION

2. Principal Office Address - No P.O. Box #

1128 Royal Palm Beach

Suite, Apt. #, etc.

# 474

City & State

Royal Palm Beach

Zip

33411

Country

U.S.A

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

161741362

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

Ingrid Alvarado

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

1128 Royal Palm Beach #474

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Ingrid Alvarado*

REGISTERED AGENT MUST SIGN

Date

1/6/09

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
President	INGRID ALVARADO	1128 Royal Palm Beach	Royal Palm Beach FL 33411

REINSTATEMENT

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/09

Daytime Phone #