

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000104925

FILED
Oct 05, 2005
Secretary of State

Entity Name: MAXIMUM NETWORK TECHNOLOGIES, INC.

Current Principal Place of Business:

411 SE 11TH TERRACE
DANIA BEACH, FL 33004

New Principal Place of Business:

3735 SW 17TH AVE
CAPE CORAL, FL 33914

Current Mailing Address:

411 SE 11TH TERRACE
DANIA BEACH, FL 33004

New Mailing Address:

3735 SW 17TH AVE
CAPE CORAL, FL 33914

FEI Number: 01-0829644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, LOUIS J
411 SE 11TH TERRACE
DANIA BEACH, FL 33004 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LOUIS JAY COHEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COHEN, LOUIS J
Address: 411 SE 11TH TERRACE
City-St-Zip: DANIA BEACH, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COHEN, LOUIS J
Address: 3735 SW 17TH AVE
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS JAY COHEN

D

10/05/2005

Electronic Signature of Signing Officer or Director

Date