

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P05000087970**

1. Entity Name  
**MAX-SIRI ENTERPRISES, INC.**



FILED

08 FEB 19 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 104292008 REIN-P CR2E098 (4/07)

Principal Place of Business  
**232 RHAPSODY LANE  
APOPKA, FL 32703**

Mailing Address  
**232 RHAPSODY LANE  
APOPKA, FL 32703**

2. Principal Place of Business - No P.O. Box #  
**706 SAVAGE COURT**  
Suite, Apt. #, etc.

3. Mailing Address  
**706 SAVAGE COURT**  
Suite, Apt. #, etc.

City & State  
**LONGWOOD FL**

City & State  
**LONGWOOD FL**

Zip  
**32750**

Country  
**US**

Zip  
**32750**

Country  
**US**

4. FEI Number  
**20-3090863**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SIRIGAMPOLA, MAXIMUS A  
481 YEARLING COVE LOOP  
APOPKA, FL 32703**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *Sirigampola* **2/12/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIRIGAMPOLA, MAXIMUS A</b> <b>481 YEARLING COVE LOOP</b> <b>APOPKA, FL 32703</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100118329291</b> <b>02/19/08--01032--027 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIRIGAMPOLA, BERNERDETTE C</b> <b>481 YEARLING COVE LOOP</b> <b>APOPKA, FL 32703</b> <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 exemptions contained in Chapter 119, 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: *Sirigampola* **2/12/08** **4077562480**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

*jc 2/21*