

2007 FOR PROFIT CORPORATION REINSTATEMENT

Corrected 6/7/07
(CS)

FILED

07 JUN 12 PM 3:14

STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

06-07

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| DOCUMENT # P05000154249 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name THE MAXXIM GROUP INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 5843 NORTHPOINTE LANE BOYNTON BEACH, FL 33437 | | Mailing Address 5843 NORTHPOINTE LANE BOYNTON BEACH, FL 33437 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 12156 Pasadena Way Suite, Apt. #, etc. | | 3. Mailing Address Same Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Boynton Bch FL | | City & State Boynton Bch FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33437 | | Country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 86-1150829 | | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent SANTAGADO, CHARLES 5843 NORTHPOINTE LANE BOYNTON BEACH, FL 33437 | | 7. Name and Address of New Registered Agent Charles Santagado 12156 Pasadena Way Boynton Bch FL 33437 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Charles Santagado | | (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE-NOW!!! FEE IS \$900.00 waived | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>DP</td> <td>NAME</td> <td>SANTAGADO, CHARLES</td> <td>STREET ADDRESS</td> <td>5843 NORTHPOINTE LANE</td> <td>CITY-ST-ZIP</td> <td>BOYNTON BEACH, FL 33437</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>Santagado, Charles</td> <td>NAME</td> <td>Santagado, Charles</td> <td>STREET ADDRESS</td> <td>12156 Pasadena Way</td> <td>CITY-ST-ZIP</td> <td>Boynton Bch, FL 33437</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>Santagado, Charles</td> <td>NAME</td> <td>Santagado, Charles</td> <td>STREET ADDRESS</td> <td>5843 Northpointe Lane</td> <td>CITY-ST-ZIP</td> <td>Boynton Beach, FL 33437</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table> | | TITLE | DP | NAME | SANTAGADO, CHARLES | STREET ADDRESS | 5843 NORTHPOINTE LANE | CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | <input type="checkbox"/> Delete | TITLE | Santagado, Charles | NAME | Santagado, Charles | STREET ADDRESS | 12156 Pasadena Way | CITY-ST-ZIP | Boynton Bch, FL 33437 | <input type="checkbox"/> Delete | TITLE | Santagado, Charles | NAME | Santagado, Charles | STREET ADDRESS | 5843 Northpointe Lane | CITY-ST-ZIP | Boynton Beach, FL 33437 | <input type="checkbox"/> Delete | TITLE | | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE | | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE | | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <input type="checkbox"/> Delete | <table border="1"> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> | | TITLE | | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE | | NAME | | STREET ADDRESS | | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | DP | NAME | SANTAGADO, CHARLES | STREET ADDRESS | 5843 NORTHPOINTE LANE | CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | Santagado, Charles | NAME | Santagado, Charles | STREET ADDRESS | 12156 Pasadena Way | CITY-ST-ZIP | Boynton Bch, FL 33437 | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | Santagado, Charles | NAME | Santagado, Charles | STREET ADDRESS | 5843 Northpointe Lane | CITY-ST-ZIP | Boynton Beach, FL 33437 | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: Charles Santagado | | Date Daytime Phone # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

THE MAXXIM GROUP
LANDSCAPE MAINTENANCE AND INSTALLATION
12156 PASADENA WAY
BOYNTON BEACH, FLORIDA 33437
CELL (561) 860-1500
FAX (561) 572-2770

APRIL 24TH, 2007

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION**

**SUBJECT: THEM MAXXIM GROUP
REF. NUMBER: P05000154249**

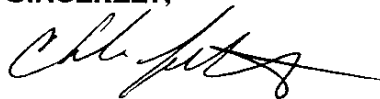
TO WHOM IT MAY CONCERN,

**WE DID NOT RECEIVE THE ANNUAL REPORT FEE FOR 2006. PER MY
CONVERSATION WITH TINA, PLEASE WAIVE REINSTATEMENT FEE. YOUR
RECORDS HAVE BEEN CORRECTED FOR THE NEW ADDRESS.**

**ENCLOSED PLEASE FIND THE CORRECTED FEE OF \$300.00. PLEASE SEND ME
THE UPDATED INFORMATION FOR THE MAXXIM GROUP AS SOON AS POSSIBLE.**

ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT ME.

SINCERELY,



**CHARLES SANTAGADO
PRESIDENT**