

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JAN 22 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/22/09--01004--002 **1058.75

CR2E081 (12/08)

CORPORATION REINSTATEMENT
2007-2009

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000009618

1. Corporation Name
MAXIOM, INC.

2. Principal Office Address - No P.O. Box # 2511 ST. JOHNS BLUFF RD., S.		3. Mailing Office Address 2511 ST. JOHNS BLUFF RD., S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FLORIDA	
Zip 32246	Country USA	Zip 32246	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/19/06

5. FEI Number 20-4392995 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
TOM PIATAK

Street Address (P.O. Box Number is Not Acceptable)
2511 ST. JOHNS BLUFF RD., S.

Suite, Apt. #, Etc.

City
JACKSONVILLE

State
FL

Zip Code
32246

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 *Tom Piatak* Date 1/18/09

REGISTERED AGENT MUST SIGN

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
D	TOM PIATAK	2511 ST. JOHNS BLUFF RD., S.	JACKSONVILLE, FLORIDA 32246
P/S/T	TOM PIATAK	2511 ST. JOHNS BLUFF RD., S.	JACKSONVILLE, FLORIDA 32246

REINSTATEMENT
07-09 MPL

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: *Tom Piatak* TOM PIATAK Date 1-18-09 (904) 361-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #