

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 DEC 31 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000063152

1. Corporation Name

Max Merchant Solutions, Inc.

2. Principal Office Address - No P.O. Box #  
6925 NW 173rd Drive

Suite, Apt. #, etc.  
M 102

City & State  
Hialeah

Zip  
33015

Country  
Miami Dade

3. Mailing Office Address  
6925 NW 173rd Drive

Suite, Apt. #, etc.  
M 102

City & State  
Hialeah

Zip  
33015

Country  
Miami Dade

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
11-3778733

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  
Magdiel Castro

Street Address (P.O. Box Number is Not Acceptable)  
6925 NW 173rd Drive

Suite, Apt. #, Etc.  
M 102

City  
Hialeah

State Zip Code  
FL 33015

☒ 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 617.0502, F.S.

Signature of  
Registered Agent

*Magdiel Castro*  
REGISTERED AGENT MUST SIGN

Date 12/20/07

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
DP	Magdiel Castro	6925 NW 173rd Drive	Hialeah, FL 33015

600113520486  
12/31/07--01035--014 \*\*150.00

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:

*Magdiel Castro (President)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/20/2007 706426-7200

B. Mitchell DEC 31 2007