

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 SEP -5 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000045733

1. Corporation Name

Maxiprest USA Inc.

2. Principal Office Address

35 Ocean View Drive

Suite, Apt. #, etc.

City & State

Ocean Ridge, FL

Zip
33435

Country
USA

3. Mailing Office Address

35 Ocean View Drive

Suite, Apt. #, etc.

City & State

Ocean Ridge, FL

Zip
33435

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1994

5. FEI Number

65-0499174

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Stuart Swanepoel

Street Address (P.O. Box Number is Not Acceptable)

35 Ocean View Drive

Suite, Apt. #, Etc.

City

Ocean Ridge

State

FL

Zip Code

33435

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 08/22/06

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
P	Stuart Swanepoel	35 Ocean View Drive	Ocean Ridge, FL 33435

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/22/06

Daytime Phone #

770-6455459

Agencal

Maxiprest USA Inc.
35 Ocean View Drive
Ocean Ridge, FL 33435

To: Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

From: Stuart Swanepoel

Date: August 23, 2006

Re: Waiver of Reinstatement Fees

Dear Sirs

We Respectfully request that all reinstatement fees be waived for Maxiprest USA Inc. for non-receipt of the annual report for years 2003, 2004, 2005, and 2006. We have enclosed the filing fees for each of those years. If you have questions or concerns do not hesitate to contact me. Thank you for your time and consideration into this matter.

Sincerely,



X Stuart Swanepoel
President, Maxiprest USA Inc.