

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

09 JAN -5 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000047554**

1. Corporation Name

**MAXAMS (EXIM) CORP**

Principal Place of Business

Mailing Address

1001 PINE DRIVE, APT. 3  
POMPANO BEACH FL 33060

1001 PINE DRIVE, APT. 3  
POMPANO BEACH FL 33060



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/27/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0500744	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	WILLIAMS, DWIGHT W	1001 PINE DRIVE, APT. 3	POMPANO BEACH FL 33060
<del>D</del>	<del>WILLIAMS, CORRINE M</del>	<del>1001 PINE DRIVE, APT. 3</del>	<del>POMPANO BEACH FL 33060</del>
			500002738275--7
			-01/13/99--01030--001
			****750.00 ****750.00

**REINSTATEMENT**

98  
1/3/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MAXWELL, CORRINE 1001 PINE DRIVE, APT. 3 POMPANO BEACH FL 33060		Name Dwight D. Williams Street Address (P.O. Box Number is Not Acceptable) 1001 Pine Drive #3 Suite, Apt. #, Etc. Pompano #3 City Pompano Beach State FL Zip Code 33060	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 11/25/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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]* **SIGNATURE REQUIRED** Date 01/25/98 Daytime Phone # 954-782-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Dwight Williams