

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067244 (1) (R)

1. Corporation Name

Pro-Maxi International Distributors Inc.

2. Principal Office Address

141 N.E. 3rd Ave

3. Mailing Office Address

141 N.E. 3rd Ave

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

207

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33132

Country

Zip

33132

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/13/1994

5. FEI Number

65-0518483

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

Ciasca, Claudio F.

500003343805

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

141 N.E. 3rd Avenue

08/02/00-01049-007

****450.00 ****450.00

Suite, Apt. #, Etc.

207

City

Miami

State

FL

Zip Code

33132

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

REGISTERED AGENT MUST SIGN

Date

06/02/00

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
PTD	Ciasca, Claudio F.	141 N.E. 3rd Ave Suite 207	Miami, Florida
SD	Stein, Gina E.	141 N.E. 3rd Ave. Suite 207	Miami, Florida

98-00482
TS

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/02/00

Daytime Phone #

282

MILLENNIA CONSULTING SERVICES, INC.

444 BRICKELL AVE SUITE 750

MIAMI, FL. 33131

.PH. NO. (305)373-8808 FAX NO. (305)373-8887

June 2nd, 2000

Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

Ref: Pro-Maxi International Distributors Inc.

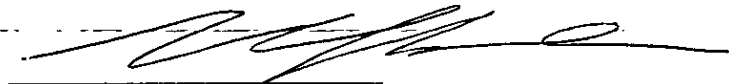
Document no.: P94000067244 (1)

To Whom It May Concern:

Per instructions from Division of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with application.

I also state that I have not received any notice from the Division of Corporation in respectively my Corporation Pro-Maxi International Distributors Inc.

Thank you for your courtesy in this matter.



Claudio F. Ciasca
President