

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 30 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023332

1. Corporation Name

MAX MARINE SERVICE, INC.

2. Principal Office Address

2337 12TH STREET

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34237-2903

Country

USA

3. Mailing Office Address

2337 12TH STREET

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34237-2903

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1995

5. FEI Number
65-0569090

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

04-05

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

MAX KAUFMAN

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

6602 ANCHOR WAY

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

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

Max V. Kaufman

REGISTERED AGENT MUST SIGN

Date 11/30/05

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
PST	MAX KAUFMAN	6602 ANCHOR WAY	SARASOTA, FL 34231
	<i>11/30</i>		

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:

Max V. Kaufman Max Kaufman

11/30/2005

941/362-3778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #