PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026334

1. Corporation Name
MAXI'S TO YOU, INC.
2960-A S.W. MAPP ROAD
PALM CITY, FL 34990

REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
2960 S.W. MAPP ROAD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM CITY, FL	City & State
Zip: 34990 Country: US	Zip / Country

4. Date incorporated or Qualified To Do Business in Florida: 04/03/1995
5. FEI Number: 65-0570661 — Applied For / Not Applicable
6. Certificate of Status Desired ☒

7. Name and Address of Current Registered Agent
Name: NICK MARFIONE
Street Address (P.O. Box Number is Not Acceptable): 2960 S.W. MAPP ROAD
Suite, Apt. #, Etc.
City: PALM CITY State: FL Zip Code: 34990

8. I hereby accept the appointment as registered agent of the above named corporation, and am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 11-26-03

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PD	NICK MARFIONE	2960-A MAPP ROAD	PALM CITY, FL 34990

10. I certify that I am an officer or director of the corporation or receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing for reinstatement of a dissolution, 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] Date: 11-26-03
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

HAIR'S TO YOU INC.

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