

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 9:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

DOCUMENT # **P96000046645**

1. Corporation Name

MAX-IM INDUSTRIES, INC.

Principal Place of Business

Mailing Address

547 9TH STREET NORTH
ST. PETERSBURG FL 33701

547 9TH STREET NORTH
ST. PETERSBURG FL 33701

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

05/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3383242

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DASALLA, BERNARD S	547 9TH STREET NORTH	ST. PETERSBURG FL 33701
M	DASALLA, J.F.	5155 2ND AVE NORTH	ST PETERSBURG FL 33710

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DASALLA, BERNARD S
547 9TH STREET NORTH
ST. PETERSBURG FL 33701

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

J.F. Dasalla
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/03 (727)823-6794
Date Daytime Phone #

CR2E040 (7/03)

October 31, 2003

Max-Im Industries Inc.
547 9th Street North
Saint Petersburg, FL 33701

} DOC.# P9600046645
DBA - MAX-IM BAKERY

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

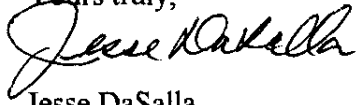
Re: Application for Reinstatement, Document # P9600046645

To Whom It May Concern:

It has come to our attention that our corporation has been dissolved due to failure in submitting a 2003 uniform business report (UBR). However, our office did not receive two prior UBR notices.

Therefore, please waive the reinstatement fee.

Yours truly,



Jesse DaSalla