PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 SEP -9 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000056112

1. Corporate Name
BUDIOUS MAXIMUS INC.

Principal Place of Business
1111 Central Ave

Mailing Address

If any of the addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc
City & State
Zip
Country

3. New Mailing Office Address, If Applicable
1111 Central Ave.
Suite, Apt. #, etc
City & State
St. Pete, Fl.
Zip 33705
Country Pinellas

4. Date Incorporated or Qualified To Do Business in Florida
July 01, 1996

5. FEI Number
59-3289745
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres Joseph A. Gray	1111 CENTRAL AVE	St. Pete, FL. 33705

100002933261--2
-09/22/99--01026--002
****900.00 ****900.00

8. Name and Address of Current Registered Agent
Joseph A. Gray
1111 Central Ave
St. Pete, Fl. 33705

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc
City
State FL
Zip Code

CR2E081 (12-98)

To the best of my knowledge, I am the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Joseph A. Gray
REGISTERED AGENT MUST SIGN
Date 9/9/99

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

I am a corporate 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 a reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0101, F.S., that all fees and taxes due the state 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 form is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Joseph A. Gray Pres. 9/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #