

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000070862**

1. Corporation Name

MAXWELL HOLDINGS, INC.

Principal Place of Business

601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1996

5. FEI Number

65-0693519

Applied For

Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PSD | ZILBERGLEIST, OSVALDO | 601 BRICKELL KEY DR, 805 | MIAMI FL |
| D | ZILBERGIEST, MARTIN | 601 BRICKELL KEY DR, 805 | MIAMI FL |
| D | STILMAN, ELIO | 601 BRICKELL KEY DR, 805 | MIAMI FL |
| SS | ALLEN, JR ROBERT N | 601 BRICKELL KEY DR, STE 805 | MIAMI FL 33131 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

ALLEN & GALEGO
601 BRICKELL KEY DRIVE
SUITE 805
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200003405192-8

-09/26/00-01096-030

***900.00 State Fee ***900.00

FL

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.

Signature of
Registered Agent

SIGNATURE REQUIRED.

REGISTERED AGENT MUST SIGN

Date

Aug 2, 2000

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:

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

Date

Daytime Phone #

Aug 2, 2000 305-372
3300

CR2E040 (8/99)