

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL -2 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # P 97000005879

1. Corporation Name

INFORMAXIMA CORP

2. Principal Office Address

12909 NW 11 terrace

Suite, Apt. #, etc.

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

Zip

Country

33.182

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0721624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICIA KEARSE

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

12909 NW 11 terrace

Suite, Apt. #, Etc.

City

MIAMI

500006315855-9

07/10/02-01059-014

***300.00 ***300.00

State
FL

Zip Code
33.182

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 06/26/02

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
Dir	PATRICIA KEARSE	12909 NW 11 terrace	MIAMI FL 33.182
Dir	ALBERTO DECAT	12909 NW 11 terrace	MIAMI FL 33.182

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:

[Signature]

PATRICIA KEARSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/26/02

Date

205 221 9292

Daytime Phone #

CR2E081 (9/01)