PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

01 JUN -8 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P97000012816

1. Corporation Name

mad max, Inc.

500004416865--1
-06/13/01--01009--018
****758.75 ****758.75

2. Principal Office Address	**3.** Mailing Office Address
4891 Venetian Blvd NE	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Pete. FL	City & State
Zip: 33702 Country: Pinellas	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1997

5. FEI Number: 59-3428681 ☐ 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: Tammara K. Rubino

Street Address (P.O. Box Number is Not Acceptable): 4891 Venetian Blvd N.E.

Suite, Apt. #, Etc.: [redacted]

City: St Petersburg State: FL Zip Code: 33703

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

Signature of Registered Agent: Tammara K Rubino Date: 6/7/01

REGISTERED AGENT MUST SIGN

CR2E080 (9/00)

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
President	Tammara K Rubino	4891 Venetian Blvd NE	St Pete, Fl. 33703

2758

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: Tammara K Rubino 6/7/01 MW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CCRS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 6-8-01

REF. #: 0605.166649

CORP. NAME: MAD MAX, INC.

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION

( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME

( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY

(X) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL

( ) CERTIFICATE OF CANCELLATION ( ) UCC-1 ( ) UCC-3

( ) OTHER:

FILED
01 JUN -8 AM 10:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 15452 FOR $ 758.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: $

PLEASE RETURN:

( ) CERTIFIED COPY (X) CERTIFICATE OF GOOD STANDING (X) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

mw

Examiner's Initials

ASAP
needs today Please!