

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra J. Northam  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000023686

1. Corporation Name

K. W. MAX INVESTMENTS, INC.

Principal Place of Business

857 GOLFVIEW TERRACE  
WINTER PARK FL 32789

Mailing Address

857 GOLFVIEW TERRACE  
WINTER PARK FL 32789

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

2. New Principal Office Address, If Applicable

847 Golfview Terrace

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

847 Golfview Terrace

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32789

Country

USA

City & State

Winter Park, FL

Zip

32789

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/17/1997

5. FEI Number

29-3439030

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D, P	DAVIDSON, WILLIAM M	847 GOLFVIEW TERRACE	WINTER PARK FL 32789
D, V, T, S	DAVIDSON, MICHAELINE	847 GOLFVIEW TERRACE	WINTER PARK FL 32789

REINSTATEMENT

98-79 TS. 2/2/99

800002766588--C

-02/05/99--0118--003

\*\*\*\*150.00 \*\*\*\*150.00

800002766588--C

-02/05/99--0118--004

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of Current Registered Agent

Name

Michaeline Davidson

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

847 Golfview Terrace

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

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

*Michaeline Davidson*

REGISTERED AGENT MUST SIGN

Date 12.24.98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michaeline Davidson, Vice-Pres.*

11.19.98

Date

Daytime Phone #

407  
644-9119

CP2500 (9/98)