

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P97000076326

1. Corporation Name
MAXIMUM PRODUCTION SERVICES INC.

Principal Place of Business Mailing Address
 1120 HOLLAND DR 605 HERON DR.
 6 DELRAY BEACH FL 33444
 BOCA RATON FL 33487
 US
 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

4. Date Incorporated or Qualified To Do Business in Florida **09/02/1997 SP**
 5. FEI Number **65-0778110** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DIDOMENICO, JOHN	605 HERON DR.	DELRAY BEACH FL 33444
DVST	DIDOMENICO, CHRISTINE	605 HERON DR.	DELRAY BEACH FL 33444

8. Name and Address of Current Registered Agent
 DIDOMENICO, JOHN
 605 HERON DR.
 DELRAY BEACH FL 33444

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
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]* **SIGNATURE REQUIRED** Date **12-1-00**
 REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** **John D. Domencico** Date **12-1-00** Daytime Phone # **(561) 279-8570**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
00 DEC 15 PM 2: 05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT *[Handwritten mark]*

CR25040 (8/00)