

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JAN -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P970000088808

1. Corporation Name

Maxclar Investments, Inc.

2. Principal Office Address

2700 W. Oakland Pk. Blvd.

Suite, Apt. #, etc.

18C

City & State

Ft. Lauderdale, Fl

Zip

33311

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/97

5. FEI Number

65-0797136

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2000-2002 UBF

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera P.A.

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

343 Almeria Avenue

Suite, Apt. #, Etc.

400004880134--0

-02/05/02--01040--015

****450.00 ****450.00

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 01/03/02

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
P	Maxito Pean	1530 N 46 Avenue	Hollywoo, Fl 3

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:

MAXITO PEAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/02 (954) 818-0665

Date

Daytime Phone #

CR2E081 (9/00)

282

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST RAINES ST
TALLAHASSEE, FL 32399

01/04/02


ATTN: REINSTATEMENT DEPARTMENT

AS PER OUR CONVERSATION I HAVE ENCLOSED THE REINSTATEMENT FORM. WE NEVER RECEIVED ANY OF THE ANNUAL REPORT FORMS. IT MUST BE DUE TO THE FACT THAT WE HAD MOVED FROM DADE COUNTY TO BROWARD COUNTY.

IT'S UNFORTUNATE THAT WE DIDN'T FIND OUT ABOUT IT UNTIL NOW. WE ARE COUNTING ON YOUR UNDERSTANDING AND COOPERATION IN THIS MATTER. WE ARE HOPING THAT THIS MATTER WILL BE RESOLVED IN A VERY QUICK TIME FRAME.

THANK YOU FOR YOUR HELP AND COOPERATION IN THIS MATTER.

Sincerely;


MAXIMO PEAN
PRESIDENT