

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FOR DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 25 AM 8:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 98 AR 997000104482

1. Corporation Name
 MAXCOM, INC.
 dba Realty Executives of Orlando

Principal Place of Business Mailing Address
 2425 West S.R. 434, Suite 163
 Longwood, FL 32779

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		December 11, 1997	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3482224	
Country		Country		Applied For	
		USA		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
Pres.	Sandra L. Sabol	2425 W.S.R. 434 Ste. 163	Longwood, FL 32779
Vice Pres.	John J. Sabol	2425 W.S.R. 434, Ste. 163	Longwood, FL 32779

200002702072
 -12/03/98-01082-021
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SANDRA L. SABOL 2425 W. SR 434 ST163 LONGWOOD, FL. 32779		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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]* Date 11-21-98
 REGISTERED AGENT MUST SIGN

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]* 11/10/98 407-862-9700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(2)



November 10, 1998
ORLANDO

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Shawn

Dear Shawn:

As I explained to you yesterday, we had no idea it was necessary to renew this name until we received a phone call several days ago.

The corporation was formed in December, 1997 and the attorney who created the corporate documents was discharged after that event.

We moved to a new location in January, 1998 and the renewal notice did not get forwarded to us.

Enclosed please find the completed form for re-instatement and the check you requested.

Sincerely,

A handwritten signature in cursive script, reading 'John J. Sabol', written in dark ink.

JOHN J SABOL
Vice President