

~~APPLICATION~~  
FOR  
~~REINSTATEMENT~~



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

APPROVED  
AND  
FILED

DOCUMENT # P98000022799

Corporation Name

MAXIMO YACHT CENTER, INC.

99 DEC 13 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

11617 Innfields Drive 11617 Innfields Drive  
ODESSA, FL 33556 ODESSA, FL 33556

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

03/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3496696

Applied F

Not Appl

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED [ ]

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	City / State / Zip
2		3	4
PRES	Jimmy Aviram	11617 Innfields Drive ODESSA, FL 33556	

100003092201--6

01/07/00-01089-022

\*\*\*\*550.00 \*\*\*\*550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEBER, MICHAEL R

3701 - 50TH AVE. SOUTH

ST. PETERSBURG FL 33711

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

*MR Weber*

REGISTERED AGENT MUST SIGN

Date 10-13-99

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 included 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

10-13-99 727 866-655

Date

Daytime Phone #