

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 18 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000032701

1. Corporation Name
MAX Q XPRESS, INC.

Principal Place of Business Mailing Address
161 CYPRESS BROOK CIRCLE 161 CYPRESS BROOK CIRCLE
SUITE 1208 SUITE 1208
MELBOURNE FL 32901 MELBOURNE FL 32901



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.		04/01/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3503253	
				Applied For	
				Not Applicable	
				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
1	2	3	4
D	IACOPONI, MARY	161 CYPRESS BROOK CIRCLE, SUITE	MELBOURNE FL 32901
			6/9/00 90215/008
			\$150.00
			LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JACOBY, KENNETH N P.A. 1423 SOUTH PATRICK DRIVE SATELLITE BEACH FL 32937		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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 Kenneth N. Jacoby, President Date 10/16/2000

SIGNATURE REQUIRED
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 REQUIRED 10/16/2000 (321) 728-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2062

MAX Q X PRESS, INC. 161 Cypress Brook Circle, Suite 1288 Melbourne, FL 32901 407.728.1003

October 16, 2000

TO: Leslie Sellers / Reinstatement Department / Division of Corporations

RE: 2000 Profit Corporation Annual Report

Dear Leslie,

I did not receive a copy of the 1st notice for the Annual Report for 2000 in the mail. I called the Division of Corporations on May 10th and spoke to Joe. He has sent me this duplicate form which I mailed in with \$150 check and a letter stating why the report and \$150 was late.

Apparently your office rejected that report that I sent on May 18, 2000. But I did not receive any notice and was unaware of this as my check had cleared in my company bank account.

Last Thursday I received a notice stating your office had dissolved my corporation. Could I please be reinstated. I am enclosing my original letter and certified receipt that I sent with my report on May 18, 2000.

Thank you for your help.

Sincerely,



Mary Iacoponi

President

enclosures: May 18th letter; certified receipt; copy of my check for \$150; reinstatement report