

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 10 AM 9:51

DOCUMENT # **P98000047592**

1. Corporation Name

MAXTON MARKETING GROUP, INC.

2. Principal Office Address - No P.O. Box #

6048 SABAL HAMMOCK CIR.

Suite, Apt. #, etc.

3. Mailing Office Address

6048 SABAL HAMMOCK CIR.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

Zip

32128

Country

USA

Zip

32128

Country

USA

REINSTATEMENT 05-09

4. Date Incorporated or Qualified
To Do Business in Florida

5/27/1998

5. FEI Number

59-351821

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AARON J. BECKER

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

6048 SABAL HAMMOCK CIRCLE

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32128

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/9/2009**

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
President	AARON J. BECKER	6048 SABAL HAMMOCK CIR.	PORT ORANGE, FL 32128

400145522164
03/11/09 01009 022 **750.00

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 contained in Chapter 119, 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]

AARON J. BECKER

3/9/2009

3865666053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #