


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 10 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200006358602--6  
-07/12/02--01056--013  
\*\*\*\*300.00 \*\*\*\*300.00

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000069550</b>			
<b>1. Corporation Name</b> Firemax, Inc.			
<b>2. Principal Office Address</b> 9324 NW 13 st Suite, Apt. #, etc. 13 City & State Miami FL Zip 33172 Country USA		<b>3. Mailing Office Address</b> 9324 NW 13 st Suite, Apt. #, etc. 13 City & State Miami FL Zip 33172 Country USA	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 8/10/98	
<b>5. FEI Number</b> 65-0856384	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
Name Ricardo Bango		
Street Address (P.O. Box Number is Not Acceptable) 9324 NW 13 st		
Suite, Apt. #, Etc. 13		
City Miami	State FL	Zip Code 33172

**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

7/2/02

**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
PD	Jacqueline Nieves-Bango	9324 NW 13 st #13	Miami, FL 33172
VP	Ricardo Bango	9324 NW 13 st #13	Miami, FL 33172

**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:

*Jacqueline Nieves-Bango*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/2/02 (25) 383-9341  
Daytime Phone #

7/11/02

CR2E081 (9/01)

FIREMAX, INC.  
9324 NW 13 STREET  
MIAMI, FL 33172  
(305) 969-0629

July 6, 2002

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

Re: Document #P98000069550

To Whom It May Concern:

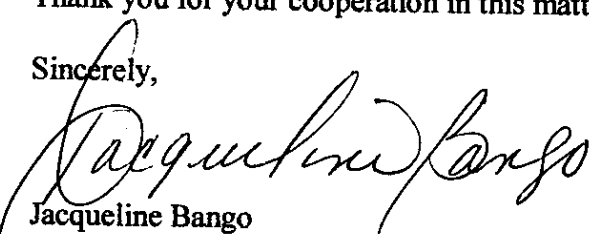
As per the information given to me by one of your representatives, enclosed please find check #7197 in the amount of \$300.00 for the reinstatement of the above corporation.

The reason that our corporation was dissolved was due to the negligence of a former secretary in our office. I can assure you that in the past we have filed our Annual Report in a timely manner.

We are asking that the fee be waived for the above corporation, should you have any questions please feel to contact the undersigned at the above mentioned number.

Thank you for your cooperation in this matter.

Sincerely,



Jacqueline Bango  
President