

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

DOCUMENT # P98000083854

1. Corporation Name

THE MAXEY GROUP, INCORPORATED

Principal Place of Business

Mailing Address

~~6279 CRESTWOOD DR.~~  
TALLAHASSEE FL ~~32311-9196~~

~~6279 CRESTWOOD DR.~~  
TALLAHASSEE FL ~~32311-9196~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable  
2627 S. Adams Street  
Suite, Apt. #, etc. 5

3. New Mailing Office Address, if Applicable  
3539 Apalachee Parkway  
Suite, Apt. #, etc. PMB 3226

City & State

City & State

Zip 32301

Country

Zip 32311

Country

99 OCT 26 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

4. Date Incorporated or Qualified  
To Do Business in Florida

09/29/1998

SP

5. FEI Number

59-3535767

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A filing fee is 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MAXEY, RICKEY R	6279 CRESTWOOD DR.	TALLAHASSEE FL 32311
PVST	MAXEY, RICKEY R	6279 CRESTWOOD DR.	TALLAHASSEE FL 32311
			000003029210--6 -10/29/99--01057--010 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MAXEY, RICKEY R  
6279 CRESTWOOD DR.  
TALLAHASSEE FL 32311-9196

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 607.0605, F.S.

Signature of  
Registered Agent

*Richie R. Maxey*  
REGISTERED AGENT MUST SIGN

Date 10-25-99

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Richie R. Maxey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-99

Date

850-201-2345

Daytime Phone #

CDCE040 (8/99)