

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 30 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000004347

1. Corporation Name

MAXIMUM SALES, INC.

Principal Place of Business

6327 LONG KEY LANE  
BOYNTON BEACH FL 33437

Mailing Address

6327 LONG KEY LANE  
BOYNTON BEACH FL 33437

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/14/1999

5. FEI Number

65-0887370

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HULKOWE, STANLEY M	6327 LONG KEY LANE	BOYNTON BEACH FL 33437

8. Name and Address of Current Registered Agent

HULKOWER, STANLEY M  
6327 LONG KEY LANE  
BOYNTON BEACH FL 33437

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

561-364-7560  
561-479-6636  
coll ph

10-22-02

**Stanley Hulkower Associates  
d/b/a MAXIMUM SALES COMPANY**

6327 Long Key Lane Boynton Beach, Florida 33437

E-MAIL SHULK3852@AOL.COM

• Telephone: 561-364-7560 FAX 561-364-7559

Tuesday, October 22, 2002

Division of Corporations  
Annual Report/Reinstatement section  
PO Box 6327  
Tallahassee, Fl 32314-6327

Dear Ladies and Gentlemen,

I am amazed to have received this dissolution or revocation of my corporation permit.

Having not received the initial forms from you nor any follow up notice, I don't know what to say to you.

I am a small business, incorporated in 1999, always paying my bills on time, never having a bounced check or paying a late fee to any credit card or any other company.

You may do any credit check on me or my company and you will find this to be true.

Please, accept this check for \$150.00. I ask you for this one chance. This will not happen again. The day these forms are received, a check will go right out to you. I thank you in advance for this one time consideration.

Sincerely,

  
Stanely Hulkower  
President

561-364-7560 or Cell Ph. 561-479-6636