

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 16 AM 11:32

DOCUMENT #

1. Corporation Name

P99000031444

The Maximus Group, Inc

2. Principal Office Address

646 W 51st St

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MB, FL

City & State

Zip 33140 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/6/1999

5. FEI Number

650909494

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

Mitchel Hershkowitz

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

646 W 51st St

Suite, Apt. #, Etc.

City

Miami Beach

State  
FL

Zip Code

33140

600004037056-5

-04/23/01--01001--026

\*\*\*300.00 \*\*\*300.00

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 4/12/01

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
Pres	Mitchel Hershkowitz	646 W 51st St	MB, FL 33140
VP	Aimee Hershkowitz	646 W 51st St	MB, FL 33140

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:

*[Signature]* AIMEE HERSHKOWITZ

4/12/01 305-865-4035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)


The Maximus Group  
646 West 51<sup>st</sup> Street  
Miami Beach, FL 33140  
305-865-4035

To Whom It May Concern:

I am writing to you with this re-instatement form to ask you to consider giving our corporation a waiver for the re-instatement fee. The reason I ask is because when my husband and I first opened this corporation, we opened it through our long time accountant Raimundo Levi. He was the registered agent on our corporation. However, we had a bit of a falling out with him and subsequently he did not forward us the documents he received to renew our corporation nor did he have his office contact us to come get the papers. We honestly did not know that the corporation had expired until our bank notified us. The minute we received notification from the bank we called the Division of Corporations to try to rectify the situation. We have now put our own address for the registered agent to avoid this from happening in the future. We are responsible people who would never have allowed this to happen had we known our accountant was holding our documents. Please consider our plea for amnesty on the \$600.00 reinstatement fee. We are sending the \$300.00 for last year and this year and we will send the rest if you deny our request. Thank you for your time in this matter.

Sincerely,

Aimee Hershkowitz,  
Vice-President

 4/12/2001