

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000048609

1. Corporation Name

MAXCESS, INC.

Principal Place of Business

Mailing Address

17100 PLANTATION LAKE CIR
#17201
SANFORD FL 32771

PO BOX 951419
LAKE MARY FL 32795-1419

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/27/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3551189

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

32771

SEMINOLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MARCHANT, JAMES C JR	17100 PLANTATION LAKES CIRCLE, #	SANFORD FL 32771
SD	MARCHANT, JAMES C	17100 PLANTATION LAKES CIRCLE, #	SANFORD FL 32771

REINSTATEMENT 03

100024528511
11/10/03--01007--003 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCHANT, JAMES C
17201 PLANTATION LAKES CIRCLE
SANFORD FL 32771

Name

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

7456 COLONIAL CT

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32771

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

James C Marchant Jr
REGISTERED AGENT MUST SIGN

Date

10/27/03

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:

James C Marchant Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C,

MARCHANT Jr 10/27/03

Date

Daytime Phone #

CR20040 (7/03)



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October 30, 2003

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

RE: Document # P99000048609

Dear Sir/Madam:

Please accept our sincere apologies for failing to timely file our company's 2003 annual report/uniform business report with appropriate filing fees.

Enclosed please find the completed Application for Reinstatement and a check in the amount of Seven Hundred Fifty Dollars (\$750.00) for filing fees.

Sincerely,

A handwritten signature in cursive script, reading "Marie De Clue". The signature is fluid and elegant, with a prominent initial "M".

Marie De Clue
Executive Administrative Assistant

Enclosures: 2

CERTIFIED MAIL