FILED

08 JAN 29 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12/6/07 60001 013 - 84.50
01/2/08 01038 010 - 362.50

REINSTATEMENT

CR2E081 (1/07) 05-08

DOCUMENT # P99000069838

1. Corporation Name: The Boxer Max Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
205 N.E. 35th St.	205 N.E. 35th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33137 County: US	Zip: 33137 County: US

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 522222969 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Thomas G. Sherman

Street Address (P.O. Box Number is Not Acceptable): 218 America Ave.

Suite, Apt. #, etc.

City: Coral Gables State: FL Zip Code: 33134

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, consistent with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Profit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P	Gustavo Gutierrez	205 N.E. 35th St.	Miami FL 33137

200118414198
01/20/08--01008--008 **362.50

200118414322
01/20/08--01008--009 **84.50

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 this corporation have been paid and the amounts of legislative fees listed on this form do not qualify for an exemption contained in Chapter 119, 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: _____ Date _____ Daytime Phone # _____