

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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1. Corporation Name

Boxer max Corporation

REINSTATEMENT

000023622340-02-03  
10/07/03--01066--027 \*\*\$00.00

2. Principal Office Address

1239 Alton Road

Suite, Apt. #, etc.

3. Mailing Office Address

1239 Alton Road

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

Dade

Zip

33139

Country

Dade

4. Date incorporated or Qualified  
To Do Business in Florida

5. FEI Number

52-2222969

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Thomas G. Sherman, Esq. PA

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

218 Almeria Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

10/10/03

**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.	Gus Gutierrez	1239 Alton Road	Miami Beach, FL 33139

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/03

Date

305.532-7939

Daytime Phone #