# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000070329

1. Entity Name
MAXIMUM SPORT NUTRITION, CORP.

FILED
2007 DEC 17 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 5015 S.W. 164 AVENUE<br>MIRAMAR, FL 33027 | 5015 S.W. 164 AVENUE<br>MIRAMAR, FL 33027 |

12/11/2007 REIN-P CR2E098 (1/07)

REINSTATEMENT

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 17484 SW 29 LN | 17484 SW 29 LN |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIRAMAR - FLORIDA | City & State: MIRAMAR - FLORIDA |
| Zip: 33029 Country: USA | Zip: 33029 Country: USA |

4. FEI Number: 65-0955291 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GUTIERREZ, JORGE<br>5051 S.W. 164 AVENUE<br>MIRAMAR, FL 33027 | Name: SORAYA ABRAHAM<br>Street Address (P.O. Box Number is Not Acceptable): 17484 S.W 29 LN.<br>City: MIRAMAR FL Zip Code: 33029 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Soraya Abraham
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After January 1, 2008, Fee will be $300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☐

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>GUTIERREZ, JORGE<br>15492 NW 77TH CT<br>MIAMI LAKES, FL 33015 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>ABRAHAM, SORAYA<br>17484 S.W 29 LN<br>MIRAMAR FL 33029 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V-P<br>TREJOS, JOSE B<br>19304-NW 54CT<br>MIAMI GARDENS FL. 33029 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GUTIERREZ, JORGE<br>17484 S.W 29 LN.<br>MIRAMAR FL-33029 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>200113204452<br>12/17/07--01064--022 **150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Soraya Abraham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Mitchell DEC 17 2007