

APPROVED
AND
FILED

OCT 26 2004

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 182

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000078706

1. Corporation Name

Paxner, Inc.

2. Principal Office Address

4200 Georgia Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

West Palm Beach

Zip

33405

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0953585

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

Craig R. Maxner

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

12676 Shoreline Dr. #2E

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

REGISTERED AGENT MUST SIGN

Date

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
PD	Craig R. Maxner	12676 Shoreline Dr. #2E Wellington, FL 33414	
D	Tracy L. Maxner	12676 Shoreline Dr. #2E Wellington, FL 33414	

000042188300

10/26/04-01060--009 **150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PJ 272

Paxner, Inc.
4200 Georgia Avenue
West Palm Beach, FL 33401

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement of Paxner, Inc.
Charter No.: P99000078706

Dear Sir/Madam:

This letter shall serve as our request for a fine waiver for reinstatement of the referenced corporation. Our company has been planning a merger with Gardens of Georgia Ave., which merger was predicated on funding of Gardens loan with Bank of America. The closing was delayed twice due the hurricanes and finally completed on September 30, 2004. Thereafter, the merger was unsuccessfully filed on October 8, 2004.

If the hurricanes had not delayed closing, the merger would have been completed before October 1, 2004, and since Paxner, Inc., was not a surviving corporation, no filing would have been necessary, because Paxner's corporate existence is and would be gone.

As a result of the delays, I would request waiver of the reinstatement fine and have you accept the fee of \$150.00 for reinstatement so that the merger can be completed.

Thanking you in advance.

Sincerely,



Craig Maxner, President