

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 AM 10:57

DOCUMENT # **P99000080713**

1. Corporation Name

**MAXWELL MORTGAGE, INC.**

Principal Place of Business

Mailing Address

1420 WEST BUSCH BLVD.  
TAMPA FL 33612

1420 WEST BUSCH BLVD.  
TAMPA FL 33612



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/13/1999

5. FEI Number

59-3596932

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	MARAJ, SURINDRA	1420 WEST BUSCH BLVD.	TAMPA FL 33612

600003441405-4  
-10/27/00--01004--005  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVE.  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

SURINDRA MARAJ

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

1420 W. BUSCH BLVD.

Suite, Apt. #, Etc.

City

TAMPA

FL

State

FL

Zip Code

33612

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-12-00

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-00 813-936

Daytime Phone #

1937

CR2E040 (8/00)