

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -9 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000088249

1. Corporation Name

MINMAX USA, INC

2. Principal Office Address

1202 Fox Quarry Lane

Suite, Apt. #, etc.

City & State

Sanford, Florida

Zip

32773

Country

USA

3. Mailing Office Address

1202 Fox Quarry Lane

Suite, Apt. #, etc.

City & State

Sanford, Florida

Zip

32773

Country

USA

REINSTATEMENT 03

80002533858
12/09/03--01014--011 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

59-3603946

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

YUSUFALI, HUSSEINALI S

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

1202 Fox Quarry Lane

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32773

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 December 5, 2003

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
DPTS	YUSUFALI, HUSSEINALI S	1202 Fox Quarry Lane	Sanford, FL 32773

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

12/05/2003 407-328-0408

Date

Daytime Phone #

CR2E081 (10/02)