

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

93 1 2

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN -2 PM 2:48

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900037734229
06/08/04--01006--020 **300.00

REINSTATEMENT 13-39

DOCUMENT # 999000102376

1. Corporation Name

Corimax, Inc.

2. Principal Office Address

3761 Esplanade way

3. Mailing Office Address

3761 Esplanade way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32311

Country

USA

Zip

32311

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3609462

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

Deborah E. Botshekan

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

3761 Esplanade way

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

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

Deborah E. Botshekan
REGISTERED AGENT MUST SIGN

Date

6/2/04

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
<u>President</u>	<u>Deborah E. Botshekan</u>	<u>3761 Esplanade way</u>	<u>Tallahassee/FL/32311</u>

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)(f), 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:

Deborah E. Botshekan / President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/04

Date

(850) 894-9939

Daytime Phone #

CR2E081 (01/04)

TR

June 02, 2004

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Florida Department of State
Secretary of State
Division of Corporations

To whom it may concern:

I Deborah E. Botshekam hereby
certify that did not receive the
first nor second notice Annual
Report for 2003.

Sincerely,

Deborah E. Botshekam

Deborah E. Botshekam