

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000111956

1. Corporation Name

EARTHMAX COMMUNICATIONS, CORP.

Principal Place of Business

138 PALM COAST PARKWAY  
SUITE 250  
PALM COAST FL 32137

Mailing Address

138 PALM COAST PARKWAY  
SUITE 250  
PALM COAST FL 32137

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

138 PALM COAST PARKWAY

Suite, Apt. #, etc.

SUITE 327

City & State

PALM COAST FL 32137

Zip

32137

Country

USA

3. New Mailing Office Address, If Applicable

138 PALM COAST PARKWAY

Suite, Apt. #, etc.

SUITE 327

City & State

PALM COAST FL

Zip

32137

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2000

5. FEI Number

59-3626771

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
D	AUSTIN, CHRISTOPHER	79 FLEMINGWOOD LANE	PALM COAST FL 32137
D	GILLIAM, JASON	138 PALM COAST PARKWAY #250	PALM COAST FL 32137
D	HARTMAN, PAUL	9 BEVERLY PLACE	PALM COAST FL 32137
D	HIGGS, JOE	P O BOX 35221	PALM COAST FL 32137
D	ROBELLO, MANNY	25 FLAGLER PLACE	PALM COAST FL 32137

8. Name and Address of Current Registered Agent

GILLIAM, JASON R  
138 PALM COAST PARKWAY  
SUITE 250  
PALM COAST FL 32137

9. Name and Address of New Registered Agent

Name

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

300009214833

Suite, Apt. #, Etc.

11/26/02-01005-011 \*\*750.00

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-5-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MANNY ROBELLO Paul Hartman JOE HIGGS Christopher R. Austin

Date

11-5-02

Daytime Phone #

FILED

02 NOV 25 AM 10:16

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2002

CR2E040 (8/02)