

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS  
W 062035 5771

FILED  
06 FEB 15 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S81950

1. Corporation Name

Maxine's Inc

REINSTATEMENT 00-06

2. Principal Office Address

1033 5th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

34104

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1991

5. FEI Number

65-0286314

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

Pamela J Cannon

400066130004

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

6151 Stonewood Court

02/17/06--01018--015 \*\*150.00

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34112

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

Pamela J Cannon

Date 2/1/06

REGISTERED AGENT MUST SIGN

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
P-	Sylvia Maxine Cannon	5210 Cypress Lane	Naples, FL 34113
VP	Paul Dean Cannon	5210 Cypress Lane	Naples, FL 34113
T	Pamela J Cannon	6151 Stonewood Ct	Naples, FL 34112
S	Annette Estes	5351 Dixie Drive	Naples, FL 34113

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 contained in Chapter 119, 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:

Pamela J Cannon Treasurer

Date

2/1/06 (239)643-3135

Daytime Phone #

Pamela J Cannon

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Maxine's Inc.  
1033 5<sup>th</sup> Avenue North  
Naples, FL 34102  
(239)263-2884

February 13, 2006

Florida Department of the State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

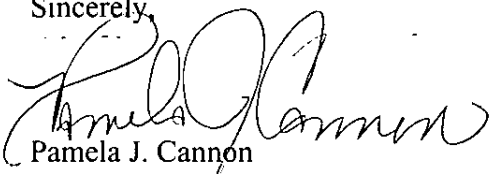
Subject Maxine's Inc  
Ref Number: S81950

Dear Tina Roberts

Please find enclosed our corporate reinstatement application along with our check for \$1,050.00. We would like to have our corporation reinstated. We are requesting the penalty be waived for not filing from years 2000 until 2006. It was when we were applying for a loan from the SBA that we discovered that we were behind in the filing of the Corporate annual report. The only explanation that I have is that the business and the registered agent moved to a new location in 2000 and we did not receive the Annual Report notice.

Thank you for your consideration and please process this application as soon as possible.

Sincerely,



Pamela J. Cannon  
Treasurer