

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -3 AM 10:41

DOCUMENT #

V02241

1. Corporation Name

The Max Group, Inc

2. Principal Office Address

308 South Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33606

Country

Hillsborough

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/2/92

5. FEI Number

59-3104413

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

David S. Hendrix

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

705 W. Azeele Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

900004008719-0

04/13/01 01007-021

****300.00 ****300.00

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

Date 03/21/01

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

Karl Norris

308 South Boulevard

Tampa, FL 33606

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

Date

813-250-1414

Daytime Phone #

CR2E081 (9/00)



The MAX Group

308 S. Boulevard, Tampa, FL 33606 • Phone: (813) 250-1414 • Fax: (813) 251-8443
www.themaxgroup.com

20F2

March 29, 2001

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

Re: The Max Group, Inc.
EIN: 59-3104413
Form: Corporation Reinstatement Form

Dear Sir:

It has come to our attention that our Florida Corporate Status is Inactive. This came as a great surprise, since we traditional handle all tax matters on a timely basis. We contacted your office via telephone immediately to determine how to reinstate our corporate status.

From our conversation with your office, it was determined there was a discrepancy in the mailing address. We never received any forms or information on this matter. Per our conversation, we were instructed to make a \$300.00 payment and complete the Corporation Reinstatement Form. Both the payment and form are enclosed. Please notice our address changed again and we have a new registered agent.

We appreciate your efforts to reinstate our corporate status to active. If there are any questions or there is anything we can do, please do not hesitate to contact us at 813-250-1414.

Very truly yours,

Deborah M. Barnes
Controller