

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 NOV -1 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63822

1. Corporation Name

MAXIMO PLAZA, INC.

Principal Place of Business

6448 LAKERSHIM BLVD.
N. HOLLYWOOD CA 91608

Mailing Address

6448 LAKERSHIM BLVD.
N. HOLLYWOOD CA 91608

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/1992

5. FEI Number

59-3145004

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HAGHNAZARZADEH, JOSEF	10469 SANTA MONICA BLVD	LOS ANGELES CA
D	BRAL, PEYMAN	10469 SANTA MONICA BLVD	LOS ANGELES CA
			800002001168--2 -11/08/96-01118-009 ****383.75 ****383.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

POWELL, JAMES N
BARNETT TOWER
ONE PROGRESS PLAZA SUITE 1210
ST PETERSBURG FL 33701

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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.

Signature of
Registered Agent

JAMES POWELL REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-23-96

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 TITLE OF REGISTERED AGENT JOSEF - HAGHNAZARZADEH -

10-24-96

SIGNATURE AND TITLE OF REGISTERED AGENT

Date

Daytime Phone #

(312) 471-8751