

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

JAN 28 11:27  
TAMPA, FLORIDA

DOCUMENT # **V63822**

1. Corporation Name  
**Maximo Plaza, Inc.**

Principal Place of Business Mailing Address  
**521 N. Mountain Avenue Upland, California 91786** SAME

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

2. New Principal Office Address, If Applicable  
**see above**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**REINSTATEMENT**

98-99  
7-8  
1/28/99

4. Date Incorporated or Qualified To Do Business in Florida  
**September 15, 1992**

5. FEI Number  
**59-3145004**

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)

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	Josef Haghnazarazdeh	521 N. Mountain Avenue	Upland, CA 91786

4000002769644--8  
-02/09/99--01057--004  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent  
**None**

9. Name and Address of New Registered Agent

Name: **LISA A. WICK**  
Street Address (P.O. Box Number is Not Acceptable): **526 CENTRAL AVE.**  
Suite, Apt. #, Etc.: **STE. 200**  
City: **ST. PETERSBURG** State: **FL** Zip Code: **33701**

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.

*Lisa A. Wick*  
REGISTERED AGENT MUST SIGN Date: **1/14/99**

This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 individual's 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]*  
DATE: **12/20/98** (909) 982-3337  
Daytime Phone #