

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB 12 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001858

1. Corporation Name

Maax KSD Corporation

2. Principal Office Address

3674 Reese Av

Suite, Apt. #, etc.

City & State

Riviera Beach FL

Zip

33404

Country

Palm Beach

3. Mailing Office Address

P. O. Box 544

Suite, Apt. #, etc.

City & State

Southampton PA

Zip

18966

Country

Bucks

4. Date Incorporated or Qualified
To Do Business in Florida

1990

5. FEI Number

23-2952989

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

Corporation Service Company

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

1201 Hays St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date

2/12/02

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
CEO	Palcide Paulin	Keystone Rd	Southampton PA 18966
COO	Andre Heroux	Keystone Rd	Southampton PA 18966
CFO	Richard Garneau	Keystone Rd	Southampton PA 18966
V.P.	Daniel H. Stewart	Keystone Rd	Southampton PA 18966

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:

Daniel H. Stewart

Daniel H. Stewart

2/8/02

214-464-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR25031 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 540077 7315685

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 1058.75

ORDER DATE : February 11, 2002

ORDER TIME : 10:49 AM

ORDER NO. : 540077-005

CUSTOMER NO: 7315685

CUSTOMER: Ms. Gloria Rodgers
Maax-ksd Corporation
Keystone Road

Southampton, PA 18966

RECEIVED
02 FEB 12 PM 1:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: MAAX KSD CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____