


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 JUN -6 9:48
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # J57614
 1. Corporation Name
 FLORIDA TAX SERVICE, INC.

2. Principal Office Address 2301 W. SAMPLE RD.		3. Mailing Office Address 2301 W. SAMPLE RD.	
Suite, Apt. #, etc. BLDG. 1, SUITE 5 A&B		Suite, Apt. #, etc. BLDG. 1, SUITE 5 A&B	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33073	Country USA	Zip 33073	Country USA

REINSTATEMENT ~~00-05~~

4. Date Incorporated or Qualified To Do Business in Florida 02/11/1987	
5. FEI Number 650182428	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name MARSHALL TERKEL	
Street Address (P.O. Box Number is Not Acceptable) 2301 W. SAMPLE RD	
Suite, Apt. #, Etc. BLDG 1 SUITE 5 A&B	
City POMPANO BEACH	State Zip Code FL 33073

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: Marshall Terkel Date: 6/3/05
 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	MARSHALL TERKEL	2301 W. SAMPLE RD., BLDG 1-5AB	POMPANO BEACH / FL / 33073
T / S	MARLENE TERKEL	2301 W. SAMPLE RD., BLDG 1-5AB	POMPANO BEACH / FL / 33073

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 06/06/05--01055--021 **1500.00

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: Marshall Terkel Marshall TERKEL 6/3/05 954-969-1040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)