

2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED AND FILED

04 NOV 29 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04



11232004 REIN-P CR2E098 (6/04)

DOCUMENT # P02000109096			
1. Entity Name E-Z TAX SERVICES, INC.			
Principal Place of Business 5523 NORWOOD AVE. JACKSONVILLE, FL 32208		Mailing Address 6234 ARTHUR DURHAM DRIVE JACKSONVILLE, FL 32210	
2. Principal Place of Business		3. Mailing Address <u>5523 Norwood Ave.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <u>Jacksonville, FL</u>	
Zip	Country	Zip <u>32208</u>	Country <u>USA</u>
4. FEI Number 01-0747316		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLETE, CRYSTAL N 6234 ARTHUR DURHAM DR JACKSONVILLE, FL 32210		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: 11/23/04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLETE, CRYSTAL N	NAME	
STREET ADDRESS	6234 ARTHUR DURHAM DRIVE	STREET ADDRESS	000043045070
CITY-ST-ZIP	JACKSONVILLE, FL 32210	CITY-ST-ZIP	11/29/04--01064--017 **\$150.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 11/23/04 DAYTIME PHONE #