

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 11 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD3000037765

1. Corporation Name

4 on 4 Tax, Inc.

2. Principal Office Address - No P.O. Box #

4220 Hood Rd.

Suite, Apt. #, etc.

Suite 2

City & State

Jacksonville, FL

Zip

32257

Country

US

3. Mailing Office Address

4220 Hood Rd.

Suite, Apt. #, etc.

Suite 2

City & State

Jacksonville, FL

Zip

32257

Country

US

500119865565
03/11/08--01005--023 **450.00

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida

3-31-03

5. FEI Number

04-3754702

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

5.75 Add'l Fee for 100%
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ralph Graham Jr.

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

4220 Hood Rd.

Suite, Apt. #, Etc.

Suite 2

City

Jacksonville

State

FL

Zip Code

32257

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Ralph Graham Jr.

REGISTERED AGENT MUST SIGN

Date 3-5-08

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	Vladimir Zec-Bobek	837 Stallion Way	Orange Park, FL 32065
VP	Brian Wright	12826 Cedar Creek Ct.	Jacksonville, FL 32224
D	Ralph Graham Jr.	10231 Walnut Bend	Jacksonville, FL 32257

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 contained in Chapter 118, 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:

Ralph Graham Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-08

Date

904-268-1118

Daytime Phone #