PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

2. Principal Office Address

SIGNATURE:



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

3. Mailing Office Address

DOCUMENT #/ 1. Corporation Name

PrimeTax SE/SW, Inc.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

5440	Beaumont Center	BDv5440 Beaumo	ont Center BD	REINST	ATEMENT	arti	
Suite, Apt. #		Suite, Apt. #, etc.					
445		445	-	To Do Busin	erated or Qualified ess in Florida 11-14-	1001	
City & State	بالري بهنيسي مستيشيسي الما	City & State		5. FEI Number		Applied For	
Tampa		Tampa, FL		59-327	7924	Not Applicable	
Zip -	Country	Zip	Country	6.		Additional Fee require	
33634	Hillsborou	igh 33634	Hillsborough	CENTIFICATE	for a	Certificate of Status	
		7. Name and A	Address of Current Register	ed Agent			
	Name James E. Hohimer						
	Street Address (P.O. Box Number					-07/05/0001008018 ***1058.75 ***1059.75	
	•						
Suite, Apt. #, Etc.						_ 	
•	445 City			1	State Zip Code		
	Tampa				FL 33634	ł	
8. I, being	appointed the registered agent of the	above named copporation, am	familiar with and accept the ob	oligations of section	n 607.0505 or 617.0503, F.S.		
Signature o Registered		& Hahim REGISTERED AGENT MUST	 T SIGN		Date 6-13-0	DO	
9. Names	and Street Addresses of Each Office	er and/or Director (Florida nonpro	ofit corporations must list at lea	ast 3 directors)			
Titles	Name of Street Address of Eac Officers and/or Directors Officer and/or Director			City / State / Zip			
D	Kevin M. Dugan	1161	1 USEPDA CT	. # -	Naples,FL 341	10	
D	James E. Hohim	er 7610	Winging Way	Drive	Tampa, FL 33615		
D	Joseph L. Carn	ey 242	Deer Run	.	Media, PA 190	63	
				')			
_	È				LS		
	·			-			
10. Legrify	that I am an officer or director or the	receiver or trustee empowered t	o execute this application as o	provided for in chap	ter 607 or 617, F.S. I further certi	ify that when filing	
	nstatement application, the reason to						

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

AMES E, HOHINER

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813.890.0415

Daytime Phone #