

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV -3 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000079015

1. Corporation Name

TAXMAX, INC.

Principal Place of Business

6001 JOHNS ROAD
SUITE 235
TAMPA FL 33634

Mailing Address

6001 JOHNS ROAD
SUITE 235
TAMPA FL 33634



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/24/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3409932

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HEINTZ, STANTON C	15124 CONTOY PLACE	TAMPA FL 33618
D	HUEGEL, LOUIS F	6449 TANGLEWOOD DRIVE NE	ST. PETERSBURG FL 33702
D	LOTEMPIO, JOSEPH	3099 WILLIAM STREET	CHEEKTOWAGA NY 14227

500002340965-4
-11/06/97-01121-011
****758.75 ****758.75

REINSTATEMENT

99
A. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HEINTZ, STANTON C
6001 JOHNS ROAD
SUITE 235
TAMPA FL 33634

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

11/3/97

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Stanton Heintz

REGISTERED AGENT MUST SIGN

Date

10/31/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

Stanton Heintz

STANTON C HEINTZ, PRESIDENT

10/31/97 813-8890709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25040 (8/97)