

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000042670**

1. Corporation Name

**A.S.A.P. TAX AND LIEN SEARCH, INC.**

Principal Place of Business

Mailing Address

**75 NE 44 STREET  
SUITE 9  
FORT LAUDERDALE FL 33334**

**75 NE 44 STREET  
SUITE 9  
FORT LAUDERDALE FL 33334**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/11/1999**

5. FEI Number

**65-0917840**

Applied For

Not Applicable

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip         |
|---------------|---|--|---------------------------------|
| <b>D</b>      | <b>CITARELLA, FRANCINE</b>                | <b>75 NE 44 ST. SUITE 9</b>                            | <b>FORT LAUDERDALE FL 33334</b> |
|               |   |  |                                 |
|               |   |  |                                 |
|               |   |  |                                 |
|               |   |  |                                 |
|               |   |  |                                 |
|               |   |  |                                 |

**000023818610**  
**10/15/03--01056--001 \*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CITARELLA, FRANCINE  
75 NE 44 STREET  
SUITE 9  
FORT LAUDERDALE FL 33334**

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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)(f), 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:

*Francine Citarella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/13/03** **(954) 229-9877**  
Date Daytime Phone #

CRE040 (7/03)

A.S.A.P. TAX AND LIEN SEARCH, INC.  
75 NE 44<sup>TH</sup> STREET  
SUITE #9  
FT. LAUDERDALE, FL 33334  
PHONE: (954) 229-9877 – TOLL FREE (888) 845-3852  
FAX: (954) 229-9809 – TOLL FREE (888) 845-3636

October 14, 2003

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: 65-0917840

To Whom It May Concern:

Please be advised that A.S.A.P. Tax and Lien Search, Inc. did not receive the UBR notice for '2003. Our corporation paid the \$550.00 fee last year, as we did not get renewal form for "2002 in a timely manner.

Per our phone conversation, with Casey, on October 14, 2003 we were informed that the reinstatement fee was waived.

Thank you for your cooperation to this matter.

Sincerely,



Francine Citarella  
President

Attachments