

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT #

523648

1. Corporation Name

TAX ADJUSTMENT EXPERTS AND CONSULTANTS, INC.

FILED

97 APR 11 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

169 LINCOLN ROAD #310
MIAMI BEACH, Florida, 33139

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

REINSTATEMENT 96497

4. Date Incorporated or Qualified To Do Business in Florida

1-12-77

MWB

Suite, Apt. # etc.

Suite, Apt. # etc.

5. FEI Number

59-1769451

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

SP.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
Pres Director	EUGENE J. DAVIDSON	169 LINCOLN RD, #310	MIAMI BEACH, FL 33139

200002142632--3
04/14/97 01153-019
****923.75 ****923.75

8. Name and Address of Current Registered Agent

EUGENE J. DAVIDSON
169 LINCOLN RD #310
MIAMI BEACH FL. 33139

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Eugene Davidson

REGISTERED AGENT MUST SIGN

Date

4-10-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE J. DAVIDSON

Date

4-10-97 813-2237595

Daytime Phone #

CR2E040 (12/96)