PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JAN -5 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600002392846--7
-01/07/98--01077--012
***1828.75 ***1828.75

DOCUMENT # 559084

1. Corporation Name
Computerized Accounting & Tax Services

Principal Place of Business | Mailing Address

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

2. New Principal Office Address, If Applicable
P.O. Box 572843
Suite, Apt. #, etc.
City & State: Houston, TX
Zip: 77257 Country: U.S.A.

3. New Mailing Office Address, If Applicable
P.O. Box 572843
Suite, Apt. #, etc.
City & State: Houston, TX
Zip: 77257 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
05-19-69

5. FEI Number
59-2033277

6. CERTIFICATE OF STATUS DESIRED [X] Applied For [ ] Not Applicable
$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Roger L. Miller	99 N. Post Oak Lane #5308	Houston, TX 77024
S	Gloria Sanschagrin	840 Debary Ave.	Enterprise, FL 32725

REINSTATEMENT 88-97
SL
1-6-98

8. Name and Address of Current Registered Agent
Lombardy, Jay S.
850 NW 203rd Street
Miami, FL 33169

9. Name and Address of New Registered Agent
Name
Gloria Sanschagrin
Street Address (P.O. Box Number is Not Acceptable)
840 Debary Ave
Suite, Apt. #, Etc.
~~P.O. Box 4201~~
City: Enterprise State: FL Zip Code: 32725

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: Gloria G. Sanschagrin
REGISTERED AGENT MUST SIGN
Date: 11/1/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]
(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: Gloria G. Sanschagrin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gloria G. Sanschagrin

11/1/97 Date (407) 574-6796 Daytime Phone #

CR2E540 (12/96)