

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
97 APR 11 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 646975
1. Corporation Name
TAX ADJUSTMENT EXPERTS OF FLA, INC.

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.

REINSTATEMENT 96+97

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 12-3-79 *mwp*
5. FEI Number 59-1993979 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 Titles)	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
<i>P/S/D</i>	Eugene J. Davidson	169 LINCOLN RD., #310	MIAMI BEACH, FLA 33139
<i>V/P/T/D</i>	A. H. Blake	169 LINCOLN RD., #310	MIAMI BEACH, FLA 33139

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04/14/97 01153 018
****923.75 ****923.75

8. Name and Address of Current Registered Agent
**Eugene J. Davidson
169 LINCOLN ROAD #310
MIAMI BEACH, FLA 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: *Eugene Davidson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EUGENE J. DAVIDSON**
Date 4-10-97 Daytime Phone # 813-2237595

CR2040 (12/96)