

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV 10 AM 9:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000003141

1. Corporation Name

OPERATING TAX SPECIALIST, INC.

Principal Place of Business

1601 N. PALM AVENUE
SUITE 205
PEMBROKE PINES FL 33026
US

Mailing Address

1040-C CAMBRIDGE SQUARE
ALPHARETTA GA 30004

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1994

5-FEI Number

58-1922158

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	URITIS, AL	8721 N.W. 19 ST.	PEMBROKE PINES FL
VDI	MERRELL, CHANDLER	1945 SETTINDOWN DRIVE	ROSWELL GA

600024571296

11/10/03--01098--001 **150.00

8. Name and Address of Current Registered Agent

URITIS, AL
1601 N. PALM AVE., SUITE 205
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

10-23-03

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)(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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHANDLER MERRELL
PRESIDENT

Date

11/4/03 770-751-7344

Daytime Phone #

CR2040 (7/03)



Operating Tax Systems, LLC | Operating Tax Specialists, Inc.

November 4, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Operating Tax Specialists, Inc.
FEIN 58-1922158

Dear Sir or Madam:

Enclosed please find Application for Reinstatement and check in the amount of \$150.00 for the above-captioned corporation.

Our records indicate that we did not receive any prior notices to keep our status active in the State of Florida until this package was received.

Please do not hesitate to contact me at 800.531.0943, if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Chandler Merrell", written over a horizontal line.

Chandler Merrell
President

Enclosures: Application for Reinstatement
Check for \$150.00