

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PS 192

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
2000 ubl
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -3 PM 2: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005894

1. Corporation Name

FAST TAX SERVICE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

631 MILAM STREET
STE 103
SHREVEPORT LA 71101

~~631 MILAM STREET~~
~~STE 103~~
~~SHREVEPORT LA 71101~~

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

401 MARKET ST.

SUITE 500

SHREVEPORT, LA

71101

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1998

5. FEI Number

72-1428839

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
P/D	LINCOVE, ARNOLD M	401 MARKET STREET, #500	SHREVEPORT LA
V/D	NIMMO, PHILIP	631 MILAM ST.	SHREVEPORT LA
ST/D	EASOM, JOHN M	631 MILAM ST.	SHREVEPORT LA
CEO/D	HORTON, DONALD L	631 MILAM ST.	SHREVEPORT LA
			200003473522--3 -11/21/00--01111--021 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSENKRANZ, STANLEY W
201 EAST KENNEDY BLVD., STE 1000
TAMPA FL 33602

Name

MATTHEW J. MEYER

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

101 EAST KENNEDY BOULEVARD

Suite, Apt. #, Etc.

SUITE 2000

City

TAMPA

State

FL

Zip Code

33602

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/00

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

ARNOLD M. LINCOVE

Date

Daytime Phone #

Oct 18, 2000 (318) 222720

CR2E040 (800)

19292

• FAST TAX SERVICE, INC.
c/o Arnold M. Lincove
401 Market Street, Suite 500
Shreveport, LA 71101

Phone (318) 222-2720

Fax (318) 222-3688

October 30, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Reinstatement of Qualification
to do Business

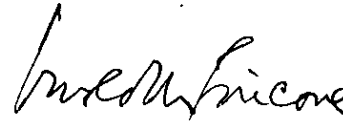
Gentlemen:

Enclosed is our Application for Reinstatement and a check in the amount of \$150.00. Upon receipt of this form I called your office and advised that we had never received any notice of any report or fee being due. The person with whom I spoke advised me to write a letter explaining the situation, file this application and send a check for \$150.00.

This corporation is not at present conducting any business in Florida but we wish to maintain qualification.

Your cooperation will be appreciated.

Sincerely,



ARNOLD M. LINCOVE
President

AML/cjg

Enclosure