

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000005400

1. Corporation Name

NATIONAL TAX ASSISTANCE CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 AM 10:28

Principal Place of Business

30 FEDERAL STREET
BOSTON MA 02110

Mailing Address

c/o Lowndes, Drosach, Doster,
Kantor & Reed,
P.A.
215 N. Eola Ave.
Orlando, FL 32802

Attn: Gail Andre

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3439014

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MORRISON, STEPHEN G	30 FEDERAL STREET	BOSTON MA 02110
CD	VERCOLLONE, CARL R	30 FEDERAL STREET	BOSTON MA 02110
V	HADEL ADAM THOMAS CHIP STALEY	30 FEDERAL STREET	BOSTON MA 02110
V	LETTY DONALD PATRICIA EDWARDS	30 FEDERAL STREET	BOSTON MA 02110
V	HALL, FREDERICK A	30 FEDERAL STREET	BOSTON MA 02110
V	BANFORD, JAMES	30 FEDERAL STREET	BOSTON MA 02110

8. Name and Address of Current Registered Agent

DAVIDSON, RICHARD D ESQ.
215 NORTH EOLA DRIVE
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

MATT E. BEAL

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

215 N. Eola Ave.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32802

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]
REGISTERED AGENT MUST SIGN

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***300.00 ***600.00

Date 2/6/02

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.

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***300.00 ***300.00

SIGNATURE:

[Signature]
SIGNATURE AND TITLE OF OFFICER, DIRECTOR, RECEIVER, OR TRUSTEE

Date

Daytime Phone #

617-654-2736

CR2040 (8/01)