

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000002630

FILED
Sep 30, 2009
Secretary of State

Entity Name: TAX RESOURCE CENTER OF FLORIDA, INC.

Current Principal Place of Business:

20401 NORTHWEST 2ND AVENUE
SUITE 102
MIAMI, FL 33169

New Principal Place of Business:

20401 NORTHWEST 2ND AVENUE
SUITE 103
MIAMI, FL 33169

Current Mailing Address:

20401 NORTHWEST 2ND AVENUE
SUITE 102
MIAMI, FL 33169

New Mailing Address:

20401 NORTHWEST 2ND AVENUE
SUITE 103
MIAMI, FL 33169

FEI Number: 65-0924785 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NATALIA UTRERA

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOMPOINT, NOE
Address: 20401 NORTHWEST 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: MCKENZIE, FRITZ
Address: 20401 NW 2ND AVE
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: FRANCOIS, LUCVENS
Address: 12735 NW 8 AVENUE
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NOE MOMPOINT

P

09/30/2009

Electronic Signature of Signing Officer or Director

Date