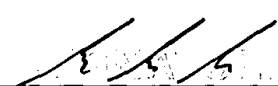
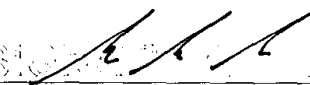


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000026277			
1. Corporation Name TAX LEIN ASSOCIATES, INC.			
Principal Place of Business 316 1/2 VALLETTE WAY WEST PALM BEACH FL 33401		Mailing Address 316 1/2 VALLETTE WAY WEST PALM BEACH FL 33401	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 328 Cordova Rd Suite, Apt. #, etc. no. 1 City & State West Palm Beach, FL Zip 33401 Country USA		3. New Mailing Office Address, If Applicable PO Box 2529 Suite, Apt. #, etc. City & State Palm Beach, FL Zip 33480 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 03/10/2000		5. FEI Number 65-0992982	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Brian R Lee	328 Cordova Rd	WPB FL 33401
8. Name and Address of Current Registered Agent LEE, BRIAN R 316 1/2 VALLETTE WAY WEST PALM BEACH FL 33401		9. Name and Address of New Registered Agent Name Brian R Lee Street Address (P.O. Box Number is Not Acceptable) 328 Cordova Rd Suite, Apt. #, Etc. no. 1 City West Palm Beach State FL Zip Code 33401	
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  Date Nov 21 '01 REGISTERED AGENT MUST SIGN			
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:  Nov 21 '01 561 833 6189 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



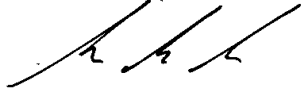
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CR2E040 (8/01)

To whom it may concern. I recently received the reinstatement forms for my company. I have no record of receiving the original papers for this years filing. I had re-located from the previous address in Feb of last year, and although I did a change of address with the post office, I still had a few problems with the forwarding of some bills. Your documentation must have also been caught up in this situation, which costs me quite a few other problems with other issues.

I would very much appreciate a reinstatement for the original fees due. Since this is my first corporation, I would not have thought to file this document without official notice from the state. I have made all the necessary changes on the form for location and mailing to avoid any future delays in proper filing.

Thank You Very Much,



Brian R Lee
Tax Lien Associates, Inc.
65-0992982

561-833-6189