

FILED

07 SEP 13 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida		12/26/2000	
5. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
65-1063119			

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000116997


### 1. Corporation Name

Prime American Tax Services, Inc

<b>2. Principal Office Address - No P.O. Box #</b> 895 W 39 PL.		<b>3. Mailing Office Address</b> 895 W 39 PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah		City & State Hialeah	
Zip 33012	Country U.S.	Zip 33012	Country U.S.

7. Name and Address of Current Registered Agent			
Name Miguelia Perez			
Street Address (P.O. Box Number is Not Acceptable) 895 W 39 PL			
Suite, Apt. #, Etc.			
City Hialeah		State FL	Zip Code 33012


8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 9/12/07

REGISTERED AGENT MUST SIGN

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Migdalena Perez	895 W 39 PL	Hialeah, FL 33012.
	JMA/13		

10. 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 filling 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 individual's listed on this form do not qualify for an exemption contained in Chapter 119, 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:  9/12/07 786-663-7024  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #