

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

ATX1

07 JUN 21 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000044733

1. Corporation Name

REINSTATEMENT 04-07 JCS

A & G INCOME TAX, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
871 E 37 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
HIALEAH, FL			
Zip	Country	Zip	Country
33013			

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida		5/3/2001
5. FEI Number	Applied For	
65-1101668	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name		
GARCIA-ROVES, ERMYS		
Street Address (P.O. Box Number is Not Acceptable)		
871 E 37 ST		
Suite, Apt. #, Etc.		
City	State	Zip Code
HIALEAH	FL	33013

☐ 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.

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 
 REGISTERED AGENT MUST SIGN

Date 6/19/2007

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MONTES, MARIA M	7920 W DRIVE 7	N BAY VILLAGE, FL 33141
V	GARCIA-ROVES, ERMYS	871 E 37 ST	HIALEAH, FL 33013

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06/26/07--01036--009 **1200.00

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 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 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:



ERMYS GARCIA-ROVES

6/19/2007

(305) 836-0405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #