

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000053611**

1. Corporation Name

MARCHUCK TAX & ACCOUNTING SERVICES, INC.

Principal Place of Business

Mailing Address

640 NW 107TH AVE.
PLANTATION FL 33324

640 NW 107TH AVE.
PLANTATION FL 33324

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/2001

5. FEI Number

59-3730666

Applied For

Not Applicable

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
PD	MARCHUCK, LAWRENCE	640 NW 107TH AVE	PLANTATION FL 33324
STD	RADDI, JOANN C	640 NW 107TH AVE	PLANTATION FL 33324

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARCHUCK, LAWRENCE
640 NW 107TH AVE.
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Marchuck

REGISTERED AGENT MUST SIGN

Date

10/9/03

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:

Marchuck Lawrence MARCHUCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03

Daytime Phone #

954-915-0324

CR2E040 (7/03)

MARCHUCK TAX & ACCOUNTING SERVICES, INC.

640 N.W. 107th Avenue

Plantation, FL 33324-1039

Tel: 954-915-0324 Fax: 954-915-9204

October 10, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Document #P01000053611

Dear Agent:

This is to advise that we did not receive any UBR notices for our corporation. Realizing this in September, we called the 850-488-9000 number to request a 2003 UBR form. We received the voice message stating that due to cut-backs, we could not talk to a live person and had to call another number to leave a message to request this form, which we did. We received the requested 2003 UBR form, mailed to us by Y. Fisher of your office on 10/1/2003, the same day we received the enclosed Notice of Administrative Dissolution or Revocation".

Enclosed is the completed Application for Reinstatement, together with our check in the amount of \$158.75, for filing fee and Certificate of Status. It is our intention to remain active and in compliance. Please have the corporation reinstated, and we respectfully request you waive the reinstatement fee.

Sincerely,

A handwritten signature in cursive script, appearing to read "L. Marchuck".

Lawrence Marchuck, C.P.A., President