

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -7 PM 2:25

DOCUMENT # P02000092894

1. Corporation Name

US Tax Advisory Group, Inc.

2. Principal Office Address - No P.O. Box #

561 Yawl Lane

Suite, Apt. #, etc.

3. Mailing Office Address

561 Yawl Lane

Suite, Apt. #, etc.

City & State

Longboat Key, Florida

City & State

Longboat Key, Florida

Zip

34228-3733

Country

USA

Zip

34228-3733

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/27/2002

5. FEI Number

753079636

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul Marshall

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

561 Yawl Lane

Suite, Apt. #, Etc.

City

Longboat Key

State

FL

Zip Code

34228

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/6/2009

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
President	Paul Marshall	561 Yawl Lane,	Longboat Key, FL, 34228
Director	Paul Marshall	561 Yawl Lane	Longboat Key, FL 34228

REINSTATEMENT 06-09 KS

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/2009

Date

404-434-7386

Daytime Phone #