

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 27 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000046127

1. Corporation Name

RUSTY MCCRARY INC
7026 BRUNSWICK CIRCLE
BOYNTON BEACH, FL 33437

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

7026 BRUNSWICK CIRCLE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33437

Country

U.S.A.

3. Mailing Office Address 90

TAX HELP INC.

Suite, Apt. #, etc.

1730 S. FEDERAL HWY.
STE 260

City & State

DELRAY BEACH, FL

Zip

33483

Country

U.S.A.

REINSTATEMENT

CR2E08 (1/07)

00-07

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/25/2003

5. FEI Number

38-3679459

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

W. J. TREMBLAY C/O TAX HELP INC

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

1730 S. FEDERAL HWY.

Suite, Apt. #, Etc.

STE 260

City

DELRAY BEACH

State

FL

Zip Code

33437

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

W. J. Tremblay

REGISTERED AGENT MUST SIGN

Date 08/01/2007

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 |
|----------|--------------------------------------|---|-------------------------|
| PST D | RUSSELL MCCRARY | 7026 BRUNSWICK CIRCLE | BOYNTON BEACH, FL 33437 |
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08/01/06 90003 034 \$150.00

200108558372

08/27/07-01048--002 **750.00

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:

RUSSELL MCCRARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/01/2007 601-7275

Date

Daytime Phone #