

# 2004 AR

182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JUL 12 AM 8:00

DOCUMENT # **PA3000086131**

1. Corporation Name

THE TAX MASTER OF WINTER PARK, INC

1555 SEMORAN BLVD  
SAME

2. Principal Office Address

1555 SEMORAN BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

1061

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

Zip

32792

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/04/2004

5. FEI Number  
20-0148333

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

ADRIAN COLLAZO

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

1555 SEMORAN BLVD

Suite, Apt. #, Etc.

1061

City

WINTER PARK

State

FL

Zip Code

32792

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 06/30/04

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	ADRIAN COLLZO	1555 SEMORAN BLVD STE 1061	WINTER PARK, FL 32792

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/30/04

Date

407-673-1600

Daytime Phone #

CR2E081 (01/04)

282

The Tax Master of Winter Park, Inc  
1555 Semoran Blvd, Ste 1061  
Winter Park, FL 32792

June 30, 2004

To Whom It May Concern:

This letter is in regards to my annual filing, I never received my reinstatement report due to the fact that there was an error at my loco post office. I am asking to please wave my penalty this time. I will do anything necessary so it won't happen again. Thank you for your attention to this matter.

Thank you,



Adrian Collazo, President

1000  
1000  
1000  
1000