

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000157415**

1. Entity Name  
LISA'S FREEDOM TAX SERVICE, INC.



Principal Place of Business  
1642 SW ANGELICO LANE  
PORT ST LUCIE, FL 34985

Mailing Address  
PO BOX 7333  
PORT ST. LUCIE, FL 34985

FILED

04 NOV -5 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10062004

REIN-P

CR2E098 (6/04)

4. FEI Number

73-1688933

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLAND, LISA M  
1642 SW ANGELICO LANE  
PORT ST LUCIE, FL 34985

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME POLAND, LISA M  
STREET ADDRESS 1642 SW ANGELICO LANE  
CITY-ST-ZIP PORT ST LUCIE, FL 34985

☐ Change ☐ Addition  
600042521976  
11/05/04--01042--002 \*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

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☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lisa M. Poland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/04/04  
Date

Daytime Phone #

November 4, 2004

Lisa's Freedom Tax Service, Inc.  
PO Box 7333  
Port ST Lucie, Florida 34985

Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Reinstatement for Profit Corporation

I had not received any notice of the corporation annual filing till just recently with the dissolution notice, my tax practice is limited to individuals and I am not aware of rules for the corporation annual filing.

I am sending the annual fee of \$150.00 and now aware of the annual filing, I am requesting a waiver of the reinstatement fee for 2004.

Best regards,

  
Lisa M. Poland  
President