2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# P05000120496

Entity Name: OCALA TAX SERVICES INC.

Current Principal Place of Business:

115, SW ENCHANTED CT
LAKECITY, 32024 FL

New Principal Place of Business:

2697 E SILVER SPRINGS BLVD
OCALA, FL 34470

Current Mailing Address:

115, SW ENCHANTED CT
LAKECITY, 32024 FL

New Mailing Address:

115, SW ENCHANTED CT
LAKECITY, FL 32024

FEI Number: 20-3385848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SONI, DHIMANT
115, SW ENCHANTED CT
LAKECITY, FL 32024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DHIMANT G SONI
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SONI, DHIMANT
Address: 115, SW ENCHANTED CT
City-St-Zip: LAKECITY, FL 32024 US

Title: VP ( ) Delete
Name: PATEL, SUNIL
Address: 802, WHITE AVE
City-St-Zip: LIVE OAK, FL 32064

Title: SEC ( ) Delete
Name: PATEL, DILIP
Address: 2134, NE 45TH AVE
City-St-Zip: OCALA, FL 34470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DHIMANT G SONI P 10/05/2006
Electronic Signature of Signing Officer or Director Date