

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000134364

Entity Name: AMERITAX SERVICE, INC.

FILED
Nov 02, 2006
Secretary of State

Current Principal Place of Business:

5270 CASA REAL DRIVE
DELRAY BEACH, FL 33484

New Principal Place of Business:

1679 FORUM PLACE
WEST PALM BEACH, FL 33401

Current Mailing Address:

5270 CASA REAL DRIVE
DELRAY BEACH, FL 33484

New Mailing Address:

4801 LINTON BLVD
BLDG 11 SUITE 602
DELRAY BEACH, FL 33484

FEI Number: 55-0907015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, DONNA
5270 CASA REAL DRIVE
DELRAY BEACH, FL 33484 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: DONNA RICE

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: RICE, DONNA
Address: 5270 CASA REAL DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP/T () Delete
Name: RICE, DONNA
Address: 5270 CASA REAL DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

Title: S () Delete
Name: RICE, DONNA
Address: 5270 CASA REAL DRIVE
City-St-Zip: DELRAY BEACH, FL 33484

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: DONNA RICE

Electronic Signature of Signing Officer or Director

PRES

11/02/2006

Date