## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P06000019134

Entity Name: MITCH TAX SERVICES, INC.

FILED Feb 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2201 NE 2ND AVE STE B

2201 NE 2ND AVE STE A

DELRAY BEACH, FL 33444 US DELRAY BEACH, FL 33444 US

Current Mailing Address: New Mailing Address:

2201 NE 2ND AVE STE B 2201 NE 2ND AVE STE A

DELRAY BEACH, FL 33444 US DELRAY BEACH, FL 33444 US

FEI Number: 20-4251452 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELIVRANCE, MICHLIN
2201 NE 2ND AVE STE B
DELRAY BEACH, FL 33444 US
DELRAY BEACH, FL 33444 US
DELRAY BEACH, FL 33444 US

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: DELIVRANCE MITCH 02/15/2009

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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 P
 (X) Change ( ) Addition

 Name:
 DELIVRANCE, MICHLIN
 Name:
 DELIVRANCE, MITCH

 Address:
 2201 NE 2ND AVE ST B
 Address:
 2201 NE 2ND AVE ST A

 Address:
 2201 NE 2ND AVE ST B
 Address:
 2201 NE 2ND AVE ST A

 City-St-Zip:
 DELRAY BEACH, FL 33444 US
 City-St-Zip:
 DELRAY BEACH, FL 33444 US

Name: JEANTY, EVA

Address: 102 N.W. 5TH AVENUE Address: 2201 NE 2ND AVE ST A
City-St-Zip: DELRAY BEACH, FL 33444 US City-St-Zip: DELRAY BEACH, FL 33444 US

 Name:
 SYLVAIN, MERVEILLE
 Name:
 SYLVAIN, MERVEILLE

 Address:
 2201 NE 2ND AVE ST B
 Address:
 2201 NE 2ND AVE ST A

 City-St-Zip:
 DELRAY BEACH, FL 33444
 City-St-Zip:
 DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify 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: DELIVRANCE MITCH VP 02/15/2009