

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000066093

1. Corporation Name

ACCUTAX TAX PREPARATION SERVICES, INC.

Principal Place of Business

Mailing Address

ACCUTAX  
2357 SE FEDERAL HWY  
STUART FL 34994

ACCUTAX  
~~2357 SE FEDERAL HWY~~ 5214 NUTMEG DR  
~~STUART FL 34994~~ PALM BEACH GARDENS  
FL 33418



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33418

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

09/22/1993

5. FEI Number

65-0455094

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	NEAL, KEITH L	2357 SE FEDERAL HWY	STUART FL
S	NEAL, MARY S	2357 S. E. FEDERAL HWY	STUART FL 34994

200024376952  
11/03/03--01045--003 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEAL, KEITH L  
2357 SE FEDERAL HWY  
STUART FL 34994

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Keith L Neal*

Date 10-30-03

REGISTERED AGENT MUST SIGN

11. 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:

*Keith L Neal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-30-03 772-220-0592

CR2E040 (7/03)

# ACCUTAX

Tax Preparation Services, Inc.  
2357 S. E. Federal Highway  
Stuart, Fl. 34994  
772-220-0592

*Keith L. Neal*  
*President*

October 30, 2003

Florida Department of State  
P. O. Box 6327  
Tallahassee, FL 32314

I did not receive any prior uniform business report notices, and request that the penalty be waived for this corporation.

Sincerely,



Keith L. Neal  
President