

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 27 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 204000024390

1. Corporation Name

ATAX BUSINESS MACHINES

2. Principal Office Address

12587 N.W. 7AV

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33168

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0492528

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LOUIS P GRANER

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

18638 S.E. OLD TRAIL DR E

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33478

500005097335-8

-03/12/02--01058--025

****450.00 ****450.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

LOUIS P GRANER
REGISTERED AGENT MUST SIGN

Date 2-12-02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V.P.	ALEXANDRA A GRANER	18638 S.E. OLD TRAIL DR E	JUPITER FL 33478
P	LOUIS P. Graner	18638 SE Old Trail Dr. E	Jupiter, FL 33478

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

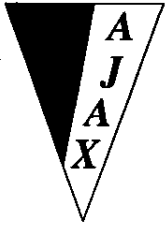
Date

2-12-02

Daytime Phone #

305-378-2702

CR2E081 (9/01)



AJAX BUSINESS MACHINES

12587 N.W. 7 Av.
N. Miami, FL 33168

2012
Dade 305-379-2702
Broward 954-735-7700
Fax 305-688-6315

2-13-02
FLORIDA DEPT OF STATE
Division of Corp.

Gentlemen

I would like to REINSTATE
MY Corp.

WE MOVED FROM 1000 N. MIAMI AV
MIAMI A FEW YEARS AGO, AND WE NEVER
GOT OUR RENEWAL FROM THE STATE

PLEASE FIND ENCLOSED A CHECK
FOR \$450.00 TO REINSTATE OUR Corp.

Thank You.

James P. Brown

Pres.