

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~P950000~~ 52902

1. Corporation Name

TAX Integratim, Inc.

Principal Place of Business

28051 US 19 N
suite C
Clearwater, FL 33761

Mailing Address

28051 U.S. 19 N
suite C
Clearwater, FL 33761

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

2. New Principal Office Address, If Applicable

28051 U.S. 19 Nth
Suite, Apt. #, etc.
C

3. New Mailing Office Address, If Applicable

28051 U.S. 19 Nth
Suite, Apt. #, etc.
C

City & State

Clearwater, FL
Zip 33761 Country Pinellas

City & State

Clearwater FL
Zip 33761 Country Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/1995

5. FEI Number

59-3328453

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
C/P	Glen T. JULIANO	1044 Rosetree Lane	Tarpon Springs, FL 34689
V/T	Melinda S. JULIANO	1044 Rosetree Lane	Tarpon Springs, FL 34689

4000002432414--3
-02/17/98--01025--001
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Glen JULIANO

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

1044 Rosetree Lane

Suite, Apt. #, Etc.

City

Tarpon Springs

State

FL

Zip Code

34689

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/19/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

[Signature]
Glen T. Juliano

2/19/98
Date

813-797-4707
Daytime Phone #