

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P96000004745**

1. Corporation Name

FRS TAX SERVICES, INC.

Principal Place of Business

8383 SEMINOLE BLVD
SUITE A
SEMINOLE FL 33772
US

Mailing Address

8383 SEMINOLE BLVD
SUITE A
SEMINOLE FL 33772
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/1996

5. FEI Number

59-3359153

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 3	City / State / Zip 4
D	SHULTZ, FRANCES R	8380 81ST TERACE NORTH	SEMINOLE FL 33777
VP	HEDRICK, FRANK E	4725 COVE CIR.	ST. PETERSBURG FL

800030961558
03/24/04--01005--008 **150.00

8. Name and Address of Current Registered Agent

FREEBORN, ALISON K
% FREEBORN & FREEBORN
360 MONROE STREET
DUNEDIN FL 34698

9. Name and Address of New Registered Agent

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

Alison K. Freeborn

REGISTERED AGENT MUST SIGN

Date

2/14/04

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:

Frances R. Shultz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/30/03

Daytime Phone #

727-392-0393

REINSTATEMENT 03-04



400026167424

01/06/04--01062--001 **750.00

CR2ED40 (7/03)