

2005 FOR PROFIT CORPORATION REINSTATEMENT


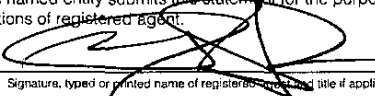

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P96000021150			
1. Entity Name COMPLETE TAX SYSTEMS, INC.			
Principal Place of Business 18800 NW 2 AVE MIAMI MIAMI, FL 33169 US		Mailing Address 18800 NW 2 AVE #221 MIAMI, FL 33169 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 65-0649641		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITAKER, THOMASINA 18800 NW 2 AVE #216 MIAMI, FL 33169		7. Name and Address of New Registered Agent Name WILLIE L JACKSON Street Address (P.O. Box Number is Not Acceptable) 18800 NW 2 AVE #221 City MIAMI FL Zip Code 33169	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		WILLIE L. JACKSON 11/28/05 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WHITAKER, THOMASINA 18800 NORTHWEST 2ND AVENUE, SUITE 216 MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JACKSON, WILLIE L 18800 NORTHWEST 2ND AVENUE, SUITE 216 MIAMI, FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JACKSON, WILLIE L 18800 NW 2 AVENUE, SUITE 221 MIAMI, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all like empowered.			
SIGNATURE: 		WILLIE L. JACKSON 11/28/05 305-655-3555 Date Daytime Phone #	

B. Mitchell DEC 1 2005