

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 22 PM 6:44

DOCUMENT # **P96000104202**

1. Corporation Name

PROPERTY TAX CONTROL SOUTHEAST, INC.

Principal Place of Business

Mailing Address

3719 W SWANN AVE
 TAMPA FL 33609

3719 W SWANN AVE
 TAMPA FL 33609



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

REINSTATEMENT *CI*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/30/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3416855

Applied For

Not Applicable

City & State

City & State

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
D	HOBBS, WALTER O	3719 W SWANN AVE	TAMPA FL 33609
P	BELCHER, DONALD S	4211 TRAVIS STREET STE 101	DALLAS TX 75205
			600004671396--6 -11/07/01--01077--007 ****750.00 ****750.00
			<i>AR 11/6</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOBBS, WALTER O
 3719 WEST SWANN AVENUE
 TAMPA FL 33609

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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]
 SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/17/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
 Date *10/12/01* (813)
 Daytime Phone # *879-8533*

CR2E040 (8/01)