

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 23 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000104202

1. Corporation Name

PROPERTY TAX CONTROL SOUTHEAST INC.

500041606645
10/05/04--01040--015 **908.75

03-01

2. Principal Office Address

4211 TRAVIS

Suite, Apt. #, etc.

City & State

DALLAS, TX.

Zip

75205

Country

DALLAS

3. Mailing Office Address

4211 TRAVIS

Suite, Apt. #, etc.

City & State

DALLAS, TX.

Zip

75205

Country

DALLAS

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

12-30-96

5. FEI Number

59-3416855

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

DONALD BELCHER

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

4015 BAYSHORE BLVD.

Suite, Apt. #, Etc.

APT. 6E

City

TAMPA

State
FL

Zip Code
33611

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

Donald Belcher

REGISTERED AGENT MUST SIGN

Date 9-20-04

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
P	DONALD BELCHER	4015 BAYSHORE BLVD	TAMPA, FL. 33611
D	WALTER O. HOBBS	3719 W. SWANN AVE.	TAMPA, FL. 33609

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:

Donald S. Belcher

DONALD S. BELCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-20-04

Daytime Phone # 214-559-0040

x305

CR2E081 (01/04)