FILED

08 MAY -8 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500128897455
05/08/08--01044--007 **900.00

REINSTATEMENT 03-08

OR2E061 (12/07)

DOCUMENT # P97000060516

1. Corporation Name
TAX FIRST, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1100 S. State Rd. 7		1100 S. State Rd. 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 202		Suite 202	
City & State		City & State	
Margate FL		Margate FL	
Zip	Country	Zip	Country
33068	USA	33068	USA

4. Date Incorporated or Qualified To Do Business in Florida 07/10/1997

5. FEI Number 65-0770886 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent
Name
Livingston Williams
Street Address (P.O. Box Number is Not Acceptable)
15248 60 PL N
Suite, Apt. #, Etc.

City: Loxahatchee State: FL Zip Code: 33470

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 __________ Date __________
REGISTERED AGENT MUST SIGN

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	Livingston Williams	15248 60 PL N	Loxahatchee FL 33470
VP	Valerie Ebanks	12860 54th St. N	Royal Palm Beach FL 334[illegible]1

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 since 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 contained in Chapter 119, 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: Livingston Williams 5/2/08 (954) 394-9832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

PC 5/15