

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

193

~~CORPORATION~~
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine H. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 14 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000094370

1. Corporation Name

R.A.R.R. ACCOUNTING & TAX SERVICE INC.

500003768605---7
-02/26/01--01146--007
***300.00 ***300.00

2. Principal Office Address

3861 NW 171 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

3861 NW 171 STREET

Suite, Apt. #, etc.

City & State

CAROL CITY, FLORIDA

City & State

CAROL CITY, FLORIDA

Zip

33055

Country

U.S.A.

Zip

33055

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

10/27/97

5. FEI Number

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

ROGER ALEXANDER

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

3861 NW 171 STREET

Suite, Apt. #, Etc.

City

CAROL CITY

State
FL

Zip Code

33055

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

REGISTERED AGENT MUST SIGN

Date 24 NOVEMBER 2000

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
D	ROGER ALEXANDER	3861 NW 171 STREET	CAROL CITY, FLORIDA 33055

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: ROGER ALEXANDER, DIRECTOR & SOLE SHAREHOLDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/00

Date

(954) 486-2136

Daytime Phone #

CR2E081 (9/99)

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Form **SS-4**
(Rev. December 1993)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN
OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) R.A.R.R. ACCOUNTING + TAX SERVICE, INC.	
	2 Trade name of business, if different from name in line 1	3 Executor, trustee, "care of" name ROGER B. ALEXANDER
	4a Mailing address (street address) (room, apt., or suite no.) 3861 NORTHWEST 171 STREET	5a Business address, if different from address in lines 4a and 4b SAME
	4b City, state, and ZIP code CAROL CITY, FLORIDA 33055	5b City, state, and ZIP code SAME
	6 County and state where principal business is located DADE, FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 593-88-8739 ROGER B. ALEXANDER	

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input checked="" type="checkbox"/> Other corporation (specify) S-CORP	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other nonprofit organization (specify)	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other (specify) ▶	(enter GEN if applicable)	

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ **FLORIDA** State Foreign country

9 Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) ▶	<input type="checkbox"/> Changed type of organization (specify) ▶
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) **10-27-97** 11 Enter closing month of accounting year. (See instructions.) **DECEMBER 31**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **N/A**

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶ **0**

Nonagricultural	Agricultural	Household
0		

14 Principal activity (See instructions.) ▶ **#7658 - ACCOUNTING + BOOKKEEPING**

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used: Yes No

16 To whom are most of the products or services sold? Please check the appropriate box. Business (wholesale) Public (retail) Other (specify) ▶ N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

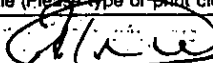
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶	Trade name ▶
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17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **ROGER B. ALEXANDER** Signature  Date ▶ **10-30-97**

Please leave blank ▶

Geo.	Ind.	Class	Size	Reason for applying

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3861, NW 171st Street,
Carol City, Florida 33055
30th November 2000

Ms. Katherine Harris,
Secretary of State,
Florida Department of State,
Division of Corporations,
PO Box 6327,
Tallahassee, Florida 32314

Subject: R.A.R.R. Accounting & Tax Service Inc
Ref. Number: P97000094370
Letter Number: 200A00053374

Dear Ms. Harris,

Thank you very much for your letter to me dated 10/10/2000. A copy of that letter as well as the duly completed reinstatement application form are hereby attached.

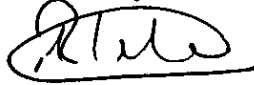
The corporation did not in fact receive the first notice uniform business report and I do respectfully request that this be considered.

Accordingly, I have enclosed a check totalling (\$150.00) in settlement of my obligation.

This company was formed with the assistance of, K & K Accounting and Tax Service Inc, a Florida resident firm of accountants who had applied for my FEI number. A copy of the SS4 form in support of this is hereby attached also.

Thank you very much for your kind consideration.

Sincerely,



Roger Alexander
Sole Shareholder
R.A.R.R. Accounting
& Tax Service Inc.