

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 SEP 30 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000034642

1. Corporation Name

INDEPENDENT TAX SERVICE CORP.

2. Principal Office Address

1183 West 29th Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33012

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04-14-99

5. FEI Number

65-0935500

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

Marco Olarte

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

8974 NW 145 Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33018

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 09-19-02

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	Marco Olarte	8974 NW 145 Street	Hialeah, Florida 33018

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-19-02

Date

305-887-0001

Daytime Phone #

September 19, 2002

Uniform Business Report
Division of Corporations
P.O. Box 6327


Re : 2001 and 2002 Uniform Business Report
Independent Tax Service Corp.
P99000034642

Dear Sirs :

Attached please find Reinstatement Application for above mention Corporation and the check in the amount of \$ 300.00

We did not receive the 2001 and 2002 Uniform Business report in time to file, please accept the attached check in the amount of \$ 300.00 Fee for the Corporation Reinstatement

In further information is needed please contact me.


Marco Plarte
1183 West 29th Street Second Floor.
Hialeah, FL. 33012
Phone : 305-887-0001

HORUS PRODUCTIONS, INC.

September 24, 2002

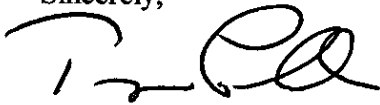
VIA FEDERAL EXPRESS

Department of State
Division of Corporations
409 Gaines Street
Tallahassee, Florida 32399

Dear sir/madam:

Enclosed please find the completed reinstatement form for Horus Productions, Inc. Per our telephone conversation with your representative, we are enclosing a check for \$300 to cover filing fees for 2001 and 2002. We understand that all other fees and penalties have been waived because the forms were sent to the wrong address.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tarquin Callen', written over a horizontal line.

Tarquin Callen
Chairman

enclosures