

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG -9 AM 9:24

DOCUMENT # P99000058871

**1. Corporation Name**

STACEY LANDAU MCCRARY INC  
7026 BRUNSWICK CIRCLE  
BOYNTON BEACH, FL 33437

REINSTATEMENT

03-07

**2. Principal Office Address - No P.O. Box #**

7026 BRUNSWICK CIRCLE

**3. Mailing Office Address** 9/0

TAX HELP INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1730 S. FEDERAL HWY.  
STE 260

City & State

BOYNTON BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33437

Country

U.S.A.

Zip

33437

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/28/1999

**5. FEI Number**

65-0924876

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

W. J. TREMBLAY 9/0 TAX HELP INC

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

1730 S. FEDERAL HWY.

Suite, Apt. #, Etc.

STE 260

City

DELRAY BEACH

State

FL

Zip Code

33483

☒ 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

W. J. Tremblay

REGISTERED AGENT MUST SIGN

Date 07/31/07

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles   | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip         |
|----------|--------------------------------------|---|----------------------------|
| PST<br>D | STACEY LANDAU MCCRARY                | 7026 BRUNSWICK CIRCLE                             | BOYNTON BEACH, FL<br>33437 |
|          |                                      |   |                            |
|          |                                      |   |                            |
|          |                                      |   |                            |
|          |                                      |   |                            |
|          |                                      |   |                            |
|          |                                      |   |                            |

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**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 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

Stacey Landau McCrary, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
STACEY LANDAU MCCRARY, PRES

07/31/07

Date

(561)  
374-9611

Daytime Phone #