

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103070

1. Corporation Name

ACCOUNTING, TAXES, ETC. INC.

Principal Place of Business

Mailing Address

9050 PINES BLVD
450
PEMBROKE PINES FL 33024

9050 PINES BLVD
450
PEMBROKE PINES FL 33024

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0523458

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DAVIS, RICHARD JR	1241 GRANT STREET	HOLLYWOOD FL 33019
VD	DAVIS, JENNIFER	1241 GRANT STREET	HOLLYWOOD FL 33019
S	DAVIS, MINCA	1241 GRANT STREET	HOLLYWOOD FL 33019
T	CARTER, HOWARD III	1241 GRANT STREET	HOLLYWOOD FL 33019

300023972113
10/21/03--01077--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, RICHARD
1241 GRANT STREET
HOLLYWOOD FL 33019

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10-15-03

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03 954-430-3893

CR2E040 (7/03)

ACCOUNTING, TAXES, ETC....

9050 PINES BLVD., STE. 450-11 • PEMBROKE PINES, FL 33024

OFFICE: (954) 430-3893 • FAX: (954) 430-9619

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

October 15, 2003

To whom it may concern,

Enclosed please find a copy of the reinstatement form for my corporation and a check for the annual fee. I never received the proper forms to file on time. When sending the forms in the future it would also be better to use suite number 450-11 on all correspondences. The building management changed and now we are requested to do this.

Thanking you in advance,


RICHARD DAVIS

RECEIVED 10/15/03

10/15/03 10:11 AM

refunds
NOW
ask us how!

Member of National
Association of Tax Practitioners



Preparing you for the future