

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 MAR 23 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S23047 (1)

1. Corporation Name

TAX-ADVANTAGED PAYROLL SYSTEM-ONE, INC.

Principal Place of Business

2700 WESTHALL LANE
SUITE 250
MAITLAND, FL 32751

Mailing Address

2700 WESTHALL LANE
SUITE 250
MAITLAND, FL 32751

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

2. New Principal Office Address, If Applicable
510 SAVONA COURT

Suite, Apt. #, etc.

City & State
ALTAMONTE SPRINGS, FLORIDA

Zip
32701

Country
SEMINOLE

3. New Mailing Office Address, If Applicable
510 SAVONA COURT

Suite, Apt. #, etc.

City & State
ALTAMONTE SPRINGS, FLORIDA

Zip
32701

Country
SEMINOLE

4. Date Incorporated or Qualified To Do Business in Florida

01/04/1991

5. FEI Number

59-3039948

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	WOODARD, W. BRUCE	510 SAVONA COURT	ALTAMONTE SPRINGS, FL 32701

REINSTATEMENT

97-98
3/22/98

8. Name and Address of Current Registered Agent

WOODARD, W. BRUCE
2700 WESTHALL LANE
SUITE 250
MAITLAND, FL 32751

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
510 SAVONA COURT
Suite, Apt. #, Etc.
City ALTAMONTE SPRINGS State FL Zip Code 32701

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.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 3.13.98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

[Handwritten Signature] DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.13.98
Date

407-834-0337
Daytime Phone #

CR22040 (1/98)