

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 559084

1. Corporation Name:
Computerized Accounting + Tax Services

Principal Place of Business: Mailing Address:

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

2. New Principal Office Address, If Applicable
P.O. Box 572843
Suite, Apt. #, etc.

City & State: Houston, TX
Zip: 77257
Country: U.S.A.

3. New Mailing Office Address, If Applicable
P.O. Box 572843
Suite, Apt. #, etc.

City & State: Houston, TX
Zip: 77257
Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
05-19-69

5. FEI Number
59-2033277

6. CERTIFICATE OF STATUS DESIRED

Applied For Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (If 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
PD	Roger L. Miller	99 N. Post Oak Lane #5308	Houston, TX 77024
S	Gloria Sanschagrin	840 Debarry Ave.	Enterprise, FL 32725

REINSTATEMENT

88-97

9/1.6-98

8. Name and Address of Current Registered Agent

Lombardy, Jay S.
850 NW 203rd Street
Miami, FL 33169

9. Name and Address of New Registered Agent

Name: Gloria Sanschagrin
Street Address (P.O. Box Number is Not Acceptable): 840 Debarry Ave
Suite, Apt. #, Etc.: P.O. Box 4201
City: Enterprise
State: FL Zip Code: 32725

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: Gloria G. Sanschagrin
REGISTERED AGENT MUST SIGN

Date: 11/1/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Gloria G. Sanschagrin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gloria G. Sanschagrin

11/1/97 (407) 574-6796
Date Daytime Phone #

CFR 121.12 06