

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # S19365

1. Corporation Name

FLORIDA PROPERTY TAX ANALYSTS, INC.

Principal Place of Business

Mailing Address

30 NORTH MARION ST.  
LAKE CITY FL 32055

P.O. BOX 655  
LAKE CITY FL 32056

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/1990

5. FEI Number

59-3170686

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
PTC	BROWNING, THOMAS P.	ROUTE 4 BOX 335	LAKE CITY FL 32024
DM	BROWNING, THOMAS P.	KOONVILLE ROAD, C-252A	LAKE CITY FL 32024
SD	BROWNING, ETHEL T.	101 PALM CIRCLE	LAKE CITY FL 32055
D	BROWNING, SUZANNA K.	ROUTE 4, BOX 335	LAKE CITY FL 32024
D	GAITANIS, Robert L.	ROUTE 2, BOX 338	NEWBERRY FL
			7000002453017-5 03/10/98-01088-023 *****17.50 *****17.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWNING, THOMAS P.  
30 N MARION ST  
LAKE CITY FL 32055

Name

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

Suite, Apt. #, Etc.

City

7000002453017-5

-03/10/98-01088-024

\*\*\*1888.00 \*\*\*1888.00

State

Zip

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

REGISTERED AGENT MUST SIGN

Date

3.6.98

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #