

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

**FILED**  
**00 SEP 28 PM 1:32**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000619**

1. Corporation Name

January and Associates, Inc.

Principal Place of Business  
437 West Jefferson Street  
Louisville, KY 40202

Mailing Address  
437 West Jefferson Street  
Louisville, KY 40202

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

**REINSTATEMENT** 94-00

2. New Principal Office Address, If Applicable  
N/A

3. New Mailing Address, If Applicable  
N/A

4. Date Incorporated or Qualified  
To Do Business in Florida  
12/11/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number /

61-116-9202

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

25.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
Director CEO	Debbie W. Scoppechio	437 W. Jefferson St.	Louisville, KY 40202
Director Pres.	Richard Duffy	437 W. Jefferson St.	Louisville, KY 40202
Director Sec., Treas.	Joseph Adams	437 W. Jefferson St.	Louisville, KY 40202
			000003416540-7 -10/06/00--01009--028 ***1650.00 ***1650.00
			000003416540-7 -10/06/00--01009--028 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

Name  
N/A

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.

Signature of  
Registered Agent

*Constance B. Ryan*

Date

9-28-00

REGISTERED AGENT MUST SIGN  
*Constance B. Ryan, Secretary*

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Richard Duffy*

Richard Duffy

9/26/00

502-584-8787

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #