

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 5:30

DOCUMENT # J06525

1. Corporation Name

CARUTHERS & ASSOCIATES, INC.

Principal Place of Business

550 N. REO STREET
SUITE 300
TAMPA FL 33609

Mailing Address

550 N. REO STREET
SUITE 300
TAMPA FL 33609

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1986

5. FEI Number

62-1403166

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$38.75 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	City, State, Zip
1	2	3	4
PST	CARUTHERS, JERRY R.	2075 MADISON AVENUE	MEMPHIS TN 38104
VP	JAMES C. VAN ORDEN	4012 SAN NICHOLAS ST.	TAMPA, FL 33629

8. Name and Address of Current Registered Agent

GIBBONS, TUCKER, MILLER ET AL
101 E. KENNEDY BLVD. SUITE 1000
~~P.O. BOX 1989~~
TAMPA FL 33601-1989

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Jacqueline B. Whitley, Pres.
REGISTERED AGENT MUST SIGN

Date 10-25-00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. VAN ORDEN, VP

10/23/00 813-251-6204

Date Daytime Phone #

PAGER: 813-878-1602



CARUTHERS & ASSOCIATES, INC.

2075 MADISON AVENUE • MEMPHIS, TENNESSEE 38104 • TEL: 901/726-1074

NATIONAL
PROPERTY TAX
ANALYSTS

October 19, 2000

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Application for Reinstatement

Dear Ms. Harris:

Please find the enclosed Application for Reinstatement for Caruthers and Associates, Inc. This is the very first notice that we have received and apologize for any inconvenience. We were unaware that this was not taken care of by our Florida Corporation, as we are located in Memphis, TN. We would appreciate your consideration in waving the reinstatement fee.

We are enclosing our check for \$158.75 for the Annual Report Fee, Corporate Supplemental Fee and Certificate of Status. Please let me know if you need anything further. Thank you again for your help in this matter.

Sincerely,

Marcie Stone

Phone# 901-726-5596
Fax# 901-726-1313