

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000072322

1. Corporation Name

CASELAW COMPANIONS, INC.

Principal Place of Business

Mailing Address

412 E. MADISON ST., STE. 824  
TAMPA FL 33602

308 South Riverhills Dr.  
Tampa, FL 33617

412 E. MADISON ST., STE. 824  
TAMPA FL 33602

P.O. Box 290008  
Tampa, FL 33607

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

2. New Principal Office Address, If Applicable

308 S. Riverhills Dr.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 290008  
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33617

Country

USA

Zip

33687

Country

USA



REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

07/23/2001

5. FEI Number

35-2173537

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GIORDANO, MICHAEL V	412 E. MADISON ST., STE. 824	TAMPA FL 33602
D	TAYLOR, RAYMOND E	412 E. MADISON ST., STE. 824	TAMPA FL 33602

100010955941  
01/27/03 01060 003 \*\*758.75

8. Name and Address of Current Registered Agent

GIORDANO, MICHAEL V ESQ.  
412 E. MADISON ST., STE. 824  
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 1/23/03

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

1/23/03  
Date

813 228-0070  
Daytime Phone #

CR2E040 (8/02)