

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 # V36991**

1. Corporation Name

**TUTSON BUS SERVICE, INC.**

Principal Place of Business

7639 GAINESVILLE AVENUE  
JACKSONVILLE FL 32208

Mailing Address

6042 KINNON DR  
JACKSONVILLE FL 32209

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

05/15/1992

5. FEI Number

59-3132381

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)

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
PTD	TUTSON, MAVIS	6042 KINNON DR	JACKSONVILLE FL
VD	TUTSON, BERNARD	6042 KINNON DR	JACKSONVILLE FL
SD	TATHAM, SHARRYL	11820 JOHN WILLIAM TERRACE	JACKSONVILLE FL

800002735758--3

01/11/99-01005-008

\*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

MARSHALL, REESE  
214 EAST ASHLEY STREET  
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

KARL A. BECKER

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

6847 DAYTON ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32210

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

12/29/98

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:

*Mavis Y. Tutson* MAVIS Y. TUTSON

Date

11/16/98(904)766-4727

Daytime Phone #

CR2E040 (05/98)