

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  
 01 OCT 24 PM 6:07

DOCUMENT # P96000002912

1. Corporation Name  
 SUSSMAN LAW GROUP, P.A.

Principal Place of Business Mailing Address  
 1375 JACKSON ST P.O. BOX 21106  
 STE 201 TAMPA FL 33622  
 FORT MYERS FL 33901 US  
 US



REINSTATEMENT

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	4. Date Incorporated or Qualified To Do Business in Florida	01/09/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For / Not Applicable
City & State	City & State	59-3356583	
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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	4 City / State / Zip
PDEC	SUSSMAN, DOV	1375 JACKSON ST, STE 201	FORT MYERS FL 33901

000004679080--4  
 -11/14/01--01077--009  
 \*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SUSSMAN, DOV 1375 JACKSON ST STE 201 FT MYERS FL 33901	Name 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: [Signature] SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date: 10/10/01

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)(l), 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] SIGNATURE REQUIRED Date: 10/10/01 Daytime Phone #: 941 332 1911

CR2ED40 (8/01)