

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR 15 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V51400

1. Corporation Name

THOMAS J. SULTENFUSS, MD, PA

REINSTATEMENT 09-10

400170454734  
02/24/10--01037--006 \*\*150.00  
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

1022 MAIN STREET

3. Mailing Office Address

1022 MAIN STREET

Suite, Apt. #, etc.

SUITE R

Suite, Apt. #, etc.

SUITE R

City & State

DUNEDUN, FL

City & State

DUNEDIN, FL

Zip

35698

Country

USA

Zip

34698

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/15/1992

5. FEI Number

59-3134975

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

THOMAS J. SULTENFUSS

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

102 HARBOR VIEW LANE

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33770

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

400170454734  
03/15/10--01065--003 \*\*150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Thomas J. Sultenfuss*

REGISTERED AGENT MUST SIGN

Date 3/11/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SULTENFUSS, THOMAS J.	102 HARBOR VIEW LANE	LARGO, FL 33770

*X 3/17*

10. E-mail Address: tmd@tampabay.rr.com

(To be used for future annual report notification)

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. I further certify, 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:

*Thomas J. Sultenfuss*

Thomas J. Sultenfuss

3/11/10

727 734-6710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #