

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 AUG 19 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000122000

1. Corporation Name

SUZINIZE, INC.

200159737932  
08/19/09--01037--009 \*\*458.75

**REINSTATEMENT** 07-09  
CR2E081 (12/08)

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

1326 PINE RIDGE CIR E

3. Mailing Office Address

P.O. BOX 1221

Suite, Apt. #, etc.

A2

Suite, Apt. #, etc.

City & State

TARPON SPRINGS, FL

City & State

OLDSMAR, FL

Zip

34688

Country

USA

Zip

34677

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9-21-2006

5. FEI Number  
22-3942064

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
SUZANNE FUCHS

Street Address (P.O. Box Number is Not Acceptable)  
1326 PINE RIDGE CIR E

Suite, Apt. #, Etc.

A2

City

TARPON SPRINGS

State

FL

Zip Code

34688

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date 8-18-2009

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
DPT	SUZANNE FUCHS	1326 PINE RIDGE CIR E, A2	TARPON SPRINGS, FL 34688
DVS	BRIAN J. FUCHS	1326 PINE RIDGE CIR E, A2	TARPON SPRINGS, FL 34688

10. 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 contained in Chapter 119, 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:

SUZANNE FUCHS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-18-2009

Date

727-580-6089

Daytime Phone #

208/20