

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 AUG 30 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602380

1. Corporation Name

DR CONRAD S. KUSEL PA

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

491 Port ST LUCIE BLVD

Suite, Apt. #, etc.

City & State

Port ST LUCIE, FL

Zip

34953

Country

ST LUCIE

3. Mailing Office Address

491 Port ST LUCIE BLVD

Suite, Apt. #, etc.

City & State

Port ST LUCIE, FL

Zip

34953

Country

ST LUCIE

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1975(3)

5. FEI Number

59-1304591

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

KUSEL, CONRAD S SR

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

4851 SW LAKE GROVE Circle

Suite, Apt. #, Etc.

City

PAIm City

State

FL

Zip Code

34990

☒ 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

Conrad S. Kusel

REGISTERED AGENT MUST SIGN

Date

8/24/07

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
MGR	KUSEL, CONRAD S SR	4851 SW LAKE GROVE CR	PAIm City, FL 34990
MGR	KUSEL, BRIAN M	2718 SE EAGLE DR	Port ST LUCIE, FL 34984
REINSTATEMENT			
300108892773 08/30/07--01035--007 **1200.00 2000-07			

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:

Conrad S. Kusel

CONRAD S. KUSEL SR

8/24/07

772-878-7525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CONRAD J. KUSEL, D.D.S., P.A.

**Monterrey Professional Centre
491 S.W. Port St. Lucie Blvd.
Port St. Lucie, FL 34953
772-878-7525**

**Conrad J. Kusel, Jr., D.D.S.
Brian M. Kusel, D.D.S.**

Florida Department of State-

8/25/07

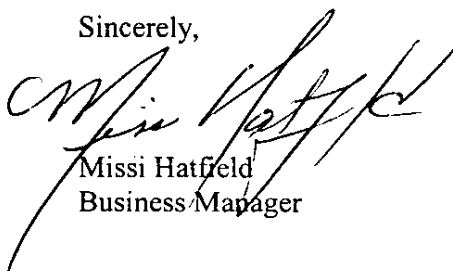
The corporation of *Dr. Conrad J. Kusel PA/ Document Number 602380* requests reinstatement as a corporation within the state of Florida effective immediatly.

Enclosed please find a completed *CORPORATION REINSTATEMENT* form and a remittance of \$1200.00 that represents \$150.00 for each year from 2000 to 2007.

We are asking for a waiver of the \$600.00 reinstatement fee. Notification of renewal nor a notification of dissolutionment of *Dr. Conrad J. Kusel PA* was ever recieved by the corporation or any officers.

Thank you in advance for your assistance in this matter and should there be any questions please feel free to contact me at 772-878-7525.

Sincerely,

A handwritten signature in black ink, appearing to read 'Missi Hatfield', is written over the typed name and title.

Missi Hatfield
Business Manager