

may 16 10 12:04p

P.1  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PM 2:54

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P01000044275**

1. Corporation Name

**Ada L. Shussler PA**

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

**888 Limpet Drive**

Suite, Apt. #, etc.

3. Mailing Office Address

**888 Limpet Drive**

Suite, Apt. #, etc.

City & State

**Sanibel, Fl.**

City & State

**Sanibel, Fl.**

Zip

**33957 USA**

Zip

**33957 USA**

7. Name and Address of Current Registered Agent

Name

**Ada L. Shussler**

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

**888 Limpet Drive**

Suite, Apt. #, Etc.

City

**Sanibel**

State

**FL**

Zip Code

**33957**

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

**Ada L. Shussler**

REGISTERED AGENT MUST SIGN

Date **4/30/2010**

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
P	Ada L. Shussler	888 Limpet Drive	Sanibel, Fl. 33957

10. E-mail Address: **Sanibel88@aol.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:

**Ada L. Shussler**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/2010**

Date

Daytime Phone #

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
MAY 19 PM 2:54  
TALLAHASSEE, FLORIDA

20018041  
04/27/10-01017-0117 \*\*150.00

200180417472  
05/05/10-01046-003 \*\*150.00

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**5/2/2000**

5. FBI Number

**65-1099921**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.

REINSTATEMENT

09-10