

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Sandra S. Suter
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC -3 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000067520

1. Corporation Name

SANDRA S. SUTER, P.A.

Principal Place of Business

Mailing Address

291 PALERMO CIRCLE
FT MYERS BEACH FL 33931
US

291 PALERMO CIRCLE
FT MYERS BEACH FL 33931
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

08/31/1995

5. FEI Number

65-0610996

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | SUTER, SANDRA S | 291 PALERMO CIRCLE | FT MYERS BEACH FL 33931 |
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800002708028--4
-12/08/98-01111-010
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALLACE, GARY F
12734 KENWOOD LN, STE 49 B450 CORAL DR. S.W.
FT. MYERS FL 33907 33908

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

G. Wallace
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/1/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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)(i), 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:

Sandra S. Suter
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sandra S. Suter

11-29-98

Date

941-472-3121

Daytime Phone #

CR2E040 (8/98)

SPIRES, WALLACE & COMPANY, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

James W. Spires, Jr.
Gary F. Wallace

12734 Kenwood Lane, Suite 49
Fort Myers, Florida 33907

Tele: (941) 936-0119
Fax: (941) 936-2037

November 25, 1998

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Sandra S. Suter, P.A.
65-0610996


Dear Sirs,

Per my conversation today please find enclosed the application for reinstatement. Please note that the check enclosed is for \$150.00. Per my conversation with Ms. Traver she stated that due to the circumstances we would not be required to pay the full reinstatement fee, but instead pay only the normal annual filing fee.

For the past two years the annual reports have not been delivered to the taxpayer. We understand that it is the taxpayer's responsibility to make certain that these fees are paid, and that the additional reinstatement fees are being waived only this time.

We appreciate your cooperation in this matter.

Sincerely,


Gary F. Wallace, C.P.A.

GFW/tw