

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 MAY -1 PM 12:21


STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

800284670238

05/04/12--01035--010 \*\*1076.25

10-12 CR2E081 (11/10)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P00000083461**

1. Corporation Name  
**SULLIVAN'S A/C & REFRIGERATION INC.**

2. Principal Office Address - No P.O. Box #  
**1902 Little Cove**

3. Mailing Office Address  
**1902 Little Cove**

Suite, Apt. #, etc.

City & State  
**TAMPA Florida**

City & State  
**TAMPA Florida**

Zip Country  
**33613-4132 USA**

Zip Country  
**33613-4132 USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**August-2000**

5. FEI Number  
**593654647**

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  
**Lee John SULLIVAN**

Street Address (P.O. Box Number is Not Acceptable)  
**1902 Little Cove**

Suite, Apt #, Etc.

City  
**Tampa**

State  
**FL**

Zip Code  
**33613-4132**

**REINSTATEMENT**

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  
**Lee J. Sullivan**

REGISTERED AGENT MUST SIGN

Date  
**4-29-2012**

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
<b>P</b>	<b>Lee J. SULLIVAN</b>	<b>1902 Little Cove</b>	<b>TAMPA, FL. 33613-4132</b>

**MAY -1 2012**

**S. PRATHEA**

10. E-mail Address: **Kathy Klein Sullivan @ Tampa Bay.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: **Lee J. Sullivan Lee J. Sullivan** **4-29-12 813-265-8343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #