

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Hathorn Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 14 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102763

1. Corporation Name

Anderson & Culliton, P.A.

2. Principal Office Address

2984 Wellington Circle W.

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32308

Country

USA

3. Mailing Office Address

2984 Wellington Circle W.

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32308

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/20/1996

5. FEI Number

59-3414602

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

PAUL M. ANDERSON

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

2984 WELLINGTON CIRCLE WEST

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

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

Paul M. Anderson

REGISTERED AGENT MUST SIGN

Date 2/13/01

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
PRES.	PAUL M. ANDERSON	2984 WELLINGTON CIR. W.	TALL., FL. 32308
V.P.	JEAN CULLITON	same	same
SEC/ TREAS.	DAVID G. SULLIVAN	same	same
			LS

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 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:

Paul M. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01

Date

(850) 894-3000

Daytime Phone #

2012

ANDERSON, CULLITON & SULLIVAN, P.A.

ATTORNEYS AT LAW

4800 BEACH BLVD., SUITE 3
JACKSONVILLE, FLORIDA 32207
Phone: (904) 998-1999
Fax: (850) 894-9664

2984 WELLINGTON CIRCLE W.
TALLAHASSEE, FLORIDA 32308
Phone: (850) 894-3000
Fax: (850) 894-9664

647 JENKS AVENUE, SUITE B-1
PANAMA CITY, FLORIDA 32401
Phone: (850) 913-0013
Fax: (850) 894-9664

PAUL M. ANDERSON*
CATHERINE B. CHAPMAN
SEAN CULLITON
CATHY L. HARRISON
DAVID G. SULLIVAN+

Reply to Tallahassee

*WORKER'S COMPENSATION
BOARD CERTIFIED

+ ALSO ADMITTED IN NEW YORK

February 13, 2001

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

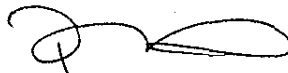
RE: Anderson & Culliton, P.A.
P96000102763

Dear Sir/Madam:

This is to request reinstatement of our corporation to active status. We recently, and inadvertently, learned that your office placed our corporation into inactive status for failing to file a 2000 annual report form. Our apparent failure to file the report is due to the fact that we did not receive one to complete. For some reason, your office has our corporate address as 1584-B Metropolitan Blvd, Tallahassee, Florida. Our offices have not been at that address since April 1997. As we filed the annual report due in 1998 and 1999, I believe we would have corrected any incorrect address noted.

I accordance with instructions given to me by Stacy in your office, I enclose a completed reinstatement form together with a check for \$300.00. If you have any questions or there is anything else I need to do, please feel free to contact me. As the annual report for calendar year 2001 comes due, please see that it is mailed to our Tallahassee office at: **2984 Wellington Circle West, Tallahassee, Florida 32308**. Thank you for your assistance.

Very Truly Yours,
ANDERSON, CULLITON & SULLIVAN, P.A.



PAUL M. ANDERSON

PMA/pma