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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
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## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # 63455 /

1. Corporation Name

PAUL J. SULLIVAN AND COMPANY

FILED

Q1 MAR 29 AM 10: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1

2. Principal Office Address	3. Mailing Office Address		
2439 PIRATE COURT	SAME AS PRINCE	IAL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
		4. Date Incorporated or Qualified To Do Business in Florida	50-79
City & State	City & State	5. FEI Number	Applied For
VACKSONVIHE FL	SAME	59/93/665	Not Applicable
2723 3224	SAME Country		75 Additional Fee require or a Certificate of Status
	7. Name and Address of Current I	tegistered Agent	
Name  AUL  Street Address (P.O. Box Number is	SULLIVAN S Not Acceptable) ATE COURT	500004065 -04/25/01 ****308.75	54456 01007005 ****308.75
Suite, Apt. #, Etc.		State Zip Code	
"JACKSONVII	1e FL	FL 3222	-4
8. I, being appointed the registered agent of the a	bove named corporation, am familiar with and acce	pt the obligations of section 607.0505 or 617.0503, F.S.	:

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 3-2/-0/

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director

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 and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

## Paul J. Sullivan 2439 Pirate Court, Jacksonville Florida 32224

580

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee Florida 32399

March 21, 2001

Re: Paul J. Sullivan and Company, Document Number 634557, Corporate
Reinstatement. No receipt of filing notice from the Department of State for 2000.

## Dear Department of State:

The Paul J. Sullivan and Company has been a Corporation in good standing since August 30, 1979. Upon filing our annual renewal with the Florida Department of Professional Business Regulation we were informed that the Corporation had lapsed due to Administrative Dissolution for Annual Report.

Upon investigation we find that both the principal address and the mailing address as entered into the Department of State's system to be incorrect for the Corporation. We nor any of our officers have ever been at the address listed in the records. Due to the incorrect address, we did not receive the filing notice for the year 2000. As you can see from your records, our Corporation has been in good standing for 21 years and it is clearly our intent to keep the Corporation active.

In light of the circumstances and as advised today by your agent we are bringing this problem to your attention and request a waiver of the late fee. Enclosed, please find a check in the amount of \$308.75. This amount was provided by your office as the filing fee for 2000 and 2001 plus \$8.75 for a Certificate of Status which we must now send to the DPBR.

Please let us have your advise at your earliest opportunity should you have any questions regarding our request.

Sincerely,

Paul J. Sullivan
President, Paul J. Sullivan And Company