

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC 31 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 685951

1. Corporation Name

SULLIVAN GENERAL CONTRACTING CO.

Principal Place of Business

Mailing Address

2727 FLETCHER AVENUE
SUITE 500
TAMPA FL 33618
US

2727 FLETCHER AVENUE
SUITE 500
TAMPA FL 33618
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97 (X)

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

08/29/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2026718

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PO	SULLIVAN, GLEN A	2727 FLETCHER AVE APT 50D	TAMPA FL
P/D	ERIC GRAYDON SULLIVAN	2727 FLETCHER AVE APT. 50-D	TAMPA, FLA.
M	GLEN A. SULLIVAN	2727 FLETCHER AVE APT 50-D	TAMPA, FLA.

200002393302--9
-01/07/98--01105--026
****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SULLIVAN, GLEN A
2727 FLETCHER AVENUE
APT. 50D
TAMPA FL 33618

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

Glen A Sullivan
REGISTERED AGENT MUST SIGN

Date 5 Dec 97

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: ERIC G. SULLIVAN P/D *Eric G. Sullivan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5 Dec. 97 Daytime Phone #

CPRE040 (8/87)