

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 22 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003699

1. Corporation Name

LEON H. SULLIVAN, INC.

Principal Place of Business

Mailing Address

615 CHESTNUT ST
16TH FLOOR
PHILADELPHIA PA 19106
US

615 CHESTNUT ST
16TH FLOOR
PHILADELPHIA PA 19106
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



REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1993

5. FEI Number

23-1542837

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR FILING OF 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	4 City / State / Zip
P	O'CONNOR, JAMES W <i>Carney, W. Gasham</i>	615 CHESTNUT ST, 16TH FLOOR	PHILADELPHIA PA
V	POWERS, THOMAS J <i>D'Apuzzo, Steven</i>	100 2ND AVENUE SOUTH #102 <i>2601 E. Oakland Pk Blvd</i>	ST. PETERSBURG FL 33701 <i>FL. Lauderdale FL</i>
ST	HANKINSON, DOROTHY J <i>Stice, Gene</i>	615 CHESTNUT ST, 16TH FLOOR	PHILADELPHIA PA
D	EMINENTE, CHRISTIAN L	22900 SW 88TH AVE <i>2601 E. Oakland Pk Blvd</i>	BOCA RATON FL <i>FL. Lauderdale FL</i>
			700003032937--2 -11/02/99-01090-003 ***750.00 ***750.00 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POWERS, THOMAS J
100 2ND AVENUE SOUTH, #102
ST. PETERSBURG FL 33701

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/21/99

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 807 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 807.0401 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

10/20/99

(25) 413-7641
Daytime Phone #