

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

03 APR 22 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

F97000004724

John B. Sullivan Jr. Corp. of NH, INC.

400015320984  
01/22/03--01072--025 \*\*150.00

400015320984  
04/04/03--01060--012 \*\*750.00

2. Principal Office Address

25 South River Road

Suite, Apt. #, etc.

PO Box 10716

City & State

Bedford, NH

Zip

03110

Country

USA

3. Mailing Office Address

25 South River Road

Suite, Apt. #, etc.

P.O. Box 10716

City & State

Bedford, NH

Zip

03110

Country

USA

4. Date Incorporated or Qualified  
to Do Business in Florida

5. FEI Number

02-0358793

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

John B. Sullivan, Sr.

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

633 Isle of Palms Drive

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33301

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

John B. Sullivan, Sr.

REGISTERED AGENT MUST SIGN

Date

4/14/03

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.	John B Sullivan, Jr	4 Alwood Lane	Bedford, NH 03110
V.P.	Thomas F. Sullivan	30 Greybirch Park	Belmont, MA 02178
Secretary	John F. Sullivan	38 Lookout Point	Nottingham, NH 03290
Treasurer			

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:

John F. Sullivan, Treasurer  
John F. Sullivan, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

Date

Daytime Phone #

603-647-1777

REINSTATEMENT 02-03

CR2E081 (1/0/02)