

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

83192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR 17 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G91304**

1. Corporation Name

SULYN INC.

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

1350 MUSTANG ST

Suite, Apt. #, etc.

1350 MUSTANG ST

City & State

NOXOMIS FLORIDA

City & State

NOXOMIS FL

Zip

34275

Country

USA

Zip

34275

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

592389074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GERARDE M SULLIVAN

800049292148

03/28/05--01067--008 **450.00

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

1350 MUSTANG ST

NOXOMIS

Suite, Apt. #, Etc.

City

FLORIDA

State

FL

Zip Code

34275

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2/28/05**

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
PRESIDENT	GERARDE SULLIVAN	1350 MUSTANG ST	
		NOXOMIS FL 34275	
SHAREHOLDER	SUSAN JOHNSON	320 SOUTH CREEK DVE	
DIRECTOR		OSPREY 34229	

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:

[Signature] **GERARDE SULLIVAN**

Date

2/28/05

Daytime Phone #

941-266-2487

CR2E081 (01/04)

PS 282

DIVISIONS OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE

32314


Dear Sir,

Re SULLY INC REINSTATEMENT

I hereby request that you waive the \$650 fee as discussed on the phone as my estranged partner did not inform me and I never recieved any mail from her. I have resided at 1350 MUSTANG ST NOKOMIS FL 34275 for the past 3 years.

I enclose a check for \$450 for the reinstatement.

Thanking you for your attention



GERANDE SULLIVAN
PRESIDENT - SULLY INC.