

PS 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 20 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 537676

1. Corporation Name

Sullivan & Associates of Central Florida Inc

2. Principal Office Address

340 W Oak Terrace Dr

Suite, Apt. #, etc.

City & State

Leesburg FL

Zip

34748

Country

USA

3. Mailing Office Address

PO Box 490245

Suite, Apt. #, etc.

City & State

Leesburg FL

Zip

34749

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

10-8-1986

5. FEI Number

59-2722815

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

Timothy I Sullivan

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

340 W Oak Terrace -

Suite, Apt. #, Etc.

City

Leesburg

State

FL

Zip Code

34748

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

Timothy I Sullivan
Mary T Sullivan as POA

REGISTERED AGENT MUST SIGN

Date 5-17-04

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
PP STD	Timothy I Sullivan	1521 Park Dr Leesburg, FL 34748	
STD	Mary T Sullivan	1521 Park Dr	Leesburg, FL 34748

500037523965
06/01/04--01073--010 **300.00

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)(l), 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:

Mary T Sullivan, Sec. Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-04
Date

352-88-6664 ext 4605
Daytime Phone #

*SULLIVAN & ASSOCIATES OF
CENTRAL FLORIDA, INC.*

ps 292
P O BOX 490245
Leesburg, FL 34749
Phone (352) 728-3602

March 31, 2004

Florida Department of State
Division of Corporations
P O Box 6327

Tallahassee, FL 32314-6327

RE: SULLIVAN & ASSOCIATES OF CENTRAL FLORIDA, INC.
P O BOX 490245, LEESBURG, FL 34947-0245
I D # 59 2722815

To Whom It May Concern:

I have ask my wife, Mary T. Sullivan, Secretary-Treasurer of the Corporation to write regarding the matter of the Admin. Dissolution for Annual Report for 2003.

Please note the address you have for mailing information to my office was incorrect. My tax person went online to obtain information when the taxes were prepared for 2003 for the corporation and obtain the attached sheets.

I did not receive a notice of Corporation Filing for 2003, I was away part of the year on active military duty and I am again on active military duty overseas for an extended period of time. I did not have office help while I was away, so this is one of the issues that slipped through the cracks.

A check is enclosed for the 2003 Corporation Filing fee and I trust you will take the necessary action to reinstate the corporation. A check for the 2004 Corporation Filing fee is enclosed.

Thank you in advance for your prompt attention regarding this request.

Sincerely,



Mary T. Sullivan
Secretary-Treasurer