

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 12 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200137209562
10/23/08--01024--001 **150.00

CR2E081 (10/08)

DOCUMENT # K03756

1. Corporation Name

Becherer-Sullivan Corporation

w08-48766

2. Principal Office Address - No P.O. Box #

2011 SW Mayflower Drive

Suite, Apt. #, etc.

City & State

Palm City

Zip

34990

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 11/25/87

5. FEI Number
65-0014447

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

Laury Becherer-Sullivan

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

2011 SW Mayflower Drive

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Laury Becherer-Sullivan
REGISTERED AGENT MUST SIGN

Date 16 October 2008

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
P/S/T	Laury Becherer-Sullivan	2011 SW Mayflower Drive	Palm City/FL/34990
V	Steven J. Sullivan	2011 SW Mayflower Drive	Palm City/FL/34990

REINSTATEMENT

200137209562
01/21/09--01003--003 **150.00

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 contained in Chapter 119, 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:

Laury Becherer-Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laury Becherer-Sullivan 16 October 2008

Date

772.538.4069

Daytime Phone #