

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 27 AM 10: 54

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L04000071661

1. Limited Liability Company's Name

John M. Sullivan, LLC

2. Principal Office Address

110 Biscayne Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Zip

32413

Country

U.S.

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

9-30-04

6. FEI Number

20-5599537

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

John M. Sullivan

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

110 Biscayne Dr.

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32413

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date

9-25-06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	John M. Sullivan	110 Biscayne Dr.	Panama City Beh, FL 32413

REINSTATEMENT 05-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date

9-25-06

Daytime Phone #

850-249-2657

Typed or printed name of signing Managing Member/Manager

John M. Sullivan

No Receipt Received

DAVID R. JOHNSON, CPA

1265 Hwy. 331 S.
DeFuniak Springs, FL 32435
(850) 892-2752

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 27 AM 10: 54

September 25, 2006

Ref: Annual reports

To Whom It May Concern:

I John M. Sullivan did not receive any notices about annual reports. Please waive any late fees.

If you need any additional information please call me at 850-249-2657.

Sincerely,

A handwritten signature in black ink, appearing to read 'John M. Sullivan', written over a horizontal line.

John M. Sullivan
Owner