

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED-LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -1 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500171547465
03/08/10-01083-009 238.75
CR2E041 (11/09)

DOCUMENT # L0700058307

1. Limited Liability Company's Name

Sullivan Brick Rivers, LLC

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

5 Willard Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

120 ARROWHEAD RD.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL.

Zip

32086

Country

ST. Johns

City & State

ST. AUGUSTINE, FL.

Zip

32086

Country

ST. Johns

4. State/Country of Formation

ST. Johns

5. Date Organized or Qualified

To Do Business in Florida 08

6. FEI Number

75-3264578

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name

THOMAS P. SULLIVAN

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

120 ARROWHEAD RD.

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32086

A \$100 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 \$100 reinstatement be waived.

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

Thomas P. Sullivan

Date

3/6/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	THOMAS P. SULLIVAN	120 ARROWHEAD RD.	ST. AUGUSTINE, FL 32086
		(W)	500171547465 04/08/10-01002-004 **277.50
			S. HAWKES MAR 11 2010 EXAMINER
			516.25 paid 238.75 paid 277.50 own

REINSTATEMENT
2008-10

11. E-mail Address

(To be used for future annual report notifications)

12. 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 reasons for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 908.418, 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

Thomas P. Sullivan

Date

3/6/10

Daytime Phone #

(904) 997-4589

Typed or printed name of signing Managing Member/Manager