

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00000000250

1. Corporation Name

Patricia Sullivan Foundation, Inc.

W1-13477

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

3717 W. North B. Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33609

Country

U.S.

3. Mailing Office Address

3717 W. North B. Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33609

Country

U.S.

7. Name and Address of Current Registered Agent

Name

Jill N. Creager

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

3717 W. North B. Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

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

*Jill N. Creager*  
REGISTERED AGENT MUST SIGN

Date

4/1/2010

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
Director	Patricia Sullivan	3717 W. North B. St.	Tampa, FL 33609
Director	Alexander L. Sullivan	3717 W. North B. St	Tampa, FL 33609
Director	Ashley M. Sullivan	3717 W. North B St	Tampa, FL 33609

10. E-mail Address: *jill@providencefamilyoffices.com*

(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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. I further certify, 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:

*Patricia C. Sullivan*

3/12/2010 (813) 321-7779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 APR -7 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100172440531

03/17/10--01037--019 \*\*1200.00

REINSTATEMENT

03-10

4. Date Incorporated or Qualified  
To Do Business in Florida

Jan 13, 2000

5. FEI Number

59-3621790

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.