

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000013923

1. Entity Name  
JOHN SULLIVAN CONSTRUCTION, INC.



FILED

08 FEB -4 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~2264 TUSCAUILLA RD~~  
TALLAHASSEE, FL 32312

Mailing Address  
~~2264 TUSCAUILLA RD~~  
TALLAHASSEE, FL 32312

2. Principal Place of Business - No P.O. Box #  
4365 Benchmark Trace  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Tallahassee FL  
Zip  
32317

City & State

Zip

Country

02042008 REIN-P CR2E098 (1/07)

4. FEI Number  
59-3626970

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, JOHN F  
2264 TUSCAUILLA RD  
TALLAHASSEE, FL 32312

Name

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

4365 Benchmark Trace

City

Tallahassee

FL

Zip Code

32317

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
SULLIVAN, JOHN F  
8284 CHICKSAW TRAIL  
TALLAHASSEE, FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100116821001  
02/05/08--01001--012 \*\*308.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4365 BENCHMARK TRACE  
TALLAHASSEE, FL 32317 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
REINSTATEMENT 07/08

TITLE  
NAME  
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☐ Change ☐ Addition

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STREET ADDRESS  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John F. Sullivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #