

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000013923		
1. Entity Name JOHN SULLIVAN CONSTRUCTION, INC.		

Principal Place of Business 4365 BENCHMARK TRACE TALLAHASSEE, FL 32317	Mailing Address 4365 BENCHMARK TRACE TALLAHASSEE, FL 32317
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
11 JAN 27 AM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



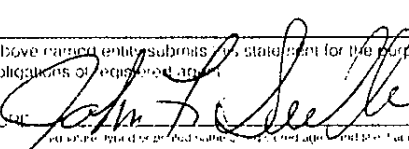
01272011 REIN-P CR2E098 (1/07)

4. FEI Number 59-3626970	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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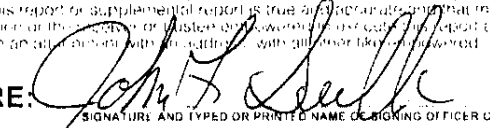
8. Name and Address of Current Registered Agent	
SULLIVAN, JOHN F 4365 BENCHMARK TRACE TALLAHASSEE, FL 32317	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)	
TITLE	PS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, JOHN F	NAME	
STREET ADDRESS	4365 BENCHMARK TRACE	STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE, FL 32317	CITY, ST, ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

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 secretary or trustee and authorized to file 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 additional page with my address with all over the signature.	
SIGNATURE 	DATE 1/27/11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	