

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 MAY -1 PM 12:21

OFFICE OF STATE
ALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000083461**

1. Corporation Name

SULLIVAN'S A/C & REFRIGERATION INC.

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

1902 Little Cove

Suite, Apt. #, etc.

3. Mailing Office Address

1902 Little Cove

Suite, Apt. #, etc.

City & State

TAMPA Florida

City & State

TAMPA Florida

Zip

33613-4132

Country

USA

Zip

33613-4132

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

August-2000

5. FEI Number

593654647

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lee John SULLIVAN

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

1902 Little Cove

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33613-4132

REINSTATEMENT

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

Lee J. Sullivan

REGISTERED AGENT MUST SIGN

Date **4-29-2012**

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
P	Lee J. SULLIVAN	1902 Little Cove	TAMPA, FL. 33613-4132
			MAY -1 2012
			S. PRATHEA

10. E-mail Address: **Kathy Klein Sullivan @ Tampa Bay.RR. com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver 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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Lee J. Sullivan

Lee J. Sullivan

4-29-12

813-265-8343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #