

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 FEB 12 PM 2:53

CLERK OF STATE  
TALLAHASSEE, FLORIDA

500088455345  
02/16/07--01001--011 \*\*1200.00

DOCUMENT # PD3000054108

1. Corporation Name

SULLIVAN & SULLIVAN ATTORNEYS AT  
LAW, P.A.

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

520 E. OLYMPIA AVE

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

Zip

33950

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

PAUL SULLIVAN

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

520 E. OLYMPIA AVE

Suite, Apt. #, Etc.

P

City

PUNTA GORDA

State

FL

Zip Code

33950

4. Date Incorporated or Qualified  
To Do Business in Florida

5/8/03

5. FEI Number

65-1192920

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.

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 2/7/07

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
<u>Pres</u>	<u>PAUL SULLIVAN</u>	<u>520 E. OLYMPIA AVE</u>	<u>PUNTA GORDA FL 33950</u>

8/2/13

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL D. SULLIVAN

Date

2/7/07 9416375900

Daytime Phone #