

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000113202

**FILED**  
**Sep 30, 2010**  
**Secretary of State**

**Entity Name:** O' SULLIVAN INSURANCE CONSULTANTS, INC.

**Current Principal Place of Business:**

9703 SW 2ND ST  
BOCA RATON, FL 33428 US

**New Principal Place of Business:**

**Current Mailing Address:**

9703 SW 2ND ST  
BOCA RATON, FL 33428 US

**New Mailing Address:**

**FEI Number:** 20-0314270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERRERA, TR  
1250 EAST HALLANDALE BEACH BLVD.  
SUITE 1004  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** TRACY OSULLIVAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** O'SULLIVAN, TRACY  
**Address:** 9703 SW 2ND ST  
**City-St-Zip:** BOCA RATON, FL 33428 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TRACY OSULLIVAN

PRES

09/30/2010

Electronic Signature of Signing Officer or Director

Date