


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

2006 NOV 30 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03000145404

1. Corporation Name

FELTON SULLIVANT Masonry INC.

2. Principal Office Address

136 FETTING AVE.
Suite, Apt. #, etc.

City & State

FORT WALTON BEACH FL

Zip

32547

Country

USA

3. Mailing Office Address

136 FETTING AVE.
Suite, Apt. #, etc.

City & State

FORT WALTON Bch FL

Zip

32547

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

20-0452840

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

FELTON SULLIVANT

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

136 FETTING AVE.

Suite, Apt. #, Etc.

City

FORT WALTON Bch

State

FL

Zip Code

32547

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

Felton Sullivan

REGISTERED AGENT MUST SIGN

Date 11-27-06

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	FELTON SULLIVANT	136 FETTING AVE.	FORT WALTON Bch FL 32547
V	Labron FELTON SULLIVANT	136 FETTING AVE.	FORT WALTON Bch FL 32547
V	Brett SASNETT	813 OAKRIDGE	FORT WALTON Bch FL 32547
S	KARYL SULLIVANT	136 FETTING AVE.	FORT WALTON Bch FL 32547

11/17/06--01034--001 **450.00

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:

FELTON SULLIVANT Felton Sullivan

Date

11/16/06

Daytime Phone #

850-862-2913

CK # 1368

P. S. Sullivan

Felton Sullivant Masonry Inc.
136 Fetting Ave.
Fort Walton Beach Fl. 32547

November 16, 2006

Florida Department of State
Division Of Corporations

Dear Sir or Madam:

We are writing you in reference to EIN # 20-0452840 and Document # P03000145404.

After speaking to Deborah in your compliance department and explaining to her that we never received any Annual Report Notices.

She directed us to write you a letter requesting that you waive the fee of \$1050.00.

Deborah stated that we were to pay only \$450.00 of which we have enclosed.

Due to this current issue our EIN# shows as inactive in all systems.

Please reactivate as soon as possible. We thank you in advance your time and cooperation

Sincerely,

Felton Sullivant
President