2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000004315

1. Entity Name
PAUL C. SULLIVAN, P.A.

FILED
05 OCT 31 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~14365 HARBOUR LINKS CT~~ ~~SUITE A~~ ~~FT MYERS, FL 33908-6515~~	~~14365 HARBOUR LINKS CT~~ ~~SUITE A~~ ~~FT MYERS, FL 33908-6515~~

10102005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
PAUL CHRISTIAN SULLIVAN ATTORNEY & MEDIATOR 9781 CYPRESS LAKE DRIVE FT MYERS, FL 33919-6063	PAUL CHRISTIAN SULLIVAN ATTORNEY & MEDIATOR 9781 CYPRESS LAKE DRIVE FT MYERS, FL 33919-6063
Zip	Country	Zip	Country

4. FEI Number 20-0570936 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KYLE, KEVIN A 1520 ROYAL PALM SQUARE BLVD SUITE 320 FT MYERS, FL 33919	Name PAUL C. SULLIVAN Street Address (P.O. Box Number is Not Acceptable) ~~14365 HARBOUR LINKS CT., A UNIT~~ 9781 CYPRESS LAKE DR. City FORT MYERS FL Zip Code 33967 ~~33908~~

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 Paul C. Sullivan Paul C. Sullivan 10/13/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition PRESIDENT PAUL SULLIVAN ~~14365 HARBOUR LINKS CT~~ ~~FORT MYERS, FL 33908-6515~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition PAUL CHRISTIAN SULLIVAN ATTORNEY & MEDIATOR 9781 CYPRESS LAKE DRIVE FT MYERS, FL 33919-6063
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400061042814 10/31/05--01042--016 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute 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 attachment with an address, with all other like empowered.

SIGNATURE: Paul C. Sullivan 10/13/2005 (239) 590-9067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #