

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 20 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0708

REINSTATEMENT

CR2E081 (10/08)

DOCUMENT # P040000 11365

1. Corporation Name

SULLIVAN HARDWOOD FLOORING CO

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

5678 SPLIT OAK LN

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

3. Mailing Office Address

5678 SPLIT OAK LN

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32303

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/15/04

5. FEI Number

200638909

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

JEREMY SULLIVAN

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

5678 SPLIT OAK LN

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

☒ 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

REGISTERED AGENT MUST SIGN

Date 10/20/8

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
PRES	JEREMY SULLIVAN	5678 SPLIT OAK LN	TALLAHASSEE / FL / 32303
VP	STEVEN CARTER	3722 MARIA CIRCLE	TALLAHASSEE / FL / 32303
VP	MICHAEL SULLIVAN	4109 RED CEDAR CT	TALLAHASSEE / FL / 32311

700137166787
10/22/08--01030--005 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/8
Date

(850)980-1745
Daytime Phone #