

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000048602

1. Entity Name
SULLY'S TILE SERVICES, INC.



FILED

07 DEC -7 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1212 SW 4TH AVENUE
DELRAY BEACH, FL 33444

Mailing Address
1212 SW 4TH AVENUE
DELRAY BEACH, FL 33444

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. FEI Number
20-0875243

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

SULLIVAN, STEPHEN M
1212 SW 4TH AVENUE
DELRAY BEACH, FL 33444

Name

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

City

FL

Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

(D-1)

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, 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 P ☐ Delete
NAME SULLIVAN, STEPHEN M
STREET ADDRESS 1212 SW 4TH AVENUE
CITY - ST - ZIP DELRAY BEACH, FL 33444

TITLE ☐ Change ☐ Addition
NAME 100112951351
STREET ADDRESS 12/07/07--01051--011 **150.00
CITY - ST - ZIP

TITLE VP ☐ Delete
NAME SULLIVAN, PATRICIA
STREET ADDRESS 1212 SW 4TH AVE
CITY - ST - ZIP DELRAY BEACH, FL 33444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Patricia Sullivan, V. President* 10/10/07 (561) 302-4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #