

, PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State		FILED	
	SION OF CORPORATIONS	07	FEB 13 PM 4: 08
DOCUMENT # 10400077317		SECRETARY OF STATE TALLAHASSEE, FLORI DA	
Sullivan Nursery, corp		300088463158 02/16/0701004016 **300.00	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1943 SW 173 ave 1943 SW 173 ave Suite, Apt. #, etc. Suite, Apt. #, etc.		REINSTATEMENT	
PONC City & State City & State		4. Date Incorporated or Qualified To Do Business in Florida **MGV 13, 2004**	
Miramar Fla Miramar Fla		5. FEI Number	
33029 Broward 3302	29 Brownd	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			the first transfer of the second seco
Name FVCd FVC SULLIVAN Street Address (P.O. Box Number is Not Acceptable) 1943 SW 173 QVC		☑ 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.	
Suite, Apt. #, Etc. PORC State Zip Code FL 33029			
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 Successful			
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
President Fred Eric Sullivan 1943 SW 173 a		ve Miramar, Fla 33029	
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 filling 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: 1000 CCC Sulliuan 2/8/07 954-444-1528 SIGNATURE: 1000 CCC SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

Q-09-057 I Fred Sullivan, never have recieved my renoval papers, or letters from the corporation dept. about renewing my corporation Status. He month ago I recioued a paper saying that they were Concelling my Corporation, I called and had the papers sent to me yn oben blias I tank ale Corporation papers. Tred Sulliman