2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000143310

Entity Name: SULLY'S ALL AMERICAN SERVICES INC.

FILED Oct 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3121 SE ASTER LANE 532 SE WALLACE TERRACE PORT ST LUCIE, FL 34983 #1609 STUART, FL 34994

New Mailing Address: Current Mailing Address:

532 SE WALLACE TERRACE 3121 SE ASTER LANE #1609 PORT ST LUCIE, FL 34983 STUART, FL 34994

FEI Number: 20-1761611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SULLIVAN, BRYAN SULLIVAN, BRYAN 3121 SE ASTER LANE 532 SE WALLACE TERRACE **APT 1608** PORT ST LUCIE, FL 34983 US STUART, FL 34994 US

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.

SIGNATURE: BRYAN SULLIVAN 10/06/2006

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D () Delete Title: (X) Change () Addition SULLIVAN, BRYAN SULLIVAN, BRYAN Name: Name: 3121 SE ASTER LANE 532 SE WALLACE TERRACE Address: Address: City-St-Zip: STUART, FL 34994 City-St-Zip: PORT ST LUCIE, FL 34983

Title: VΡ Title: VΡ (X) Change () Addition () Delete Name: SULLIVAN, ELLIOT Name: SULLIVAN, ELLIOT

3121 SE ASTER LANE 532 SE WALLACE TERRACE Address: Address:

PORT ST LUCIE, FL 34983 STUART, FL 34994 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN SULLIVAN P/D 10/06/2006