


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000064372		
1. Entity Name COLLEEN M. SULLIVAN, PA		

FILED

07 APR 18 AM 10:12

CLERK OF STATE  
TALLAHASSEE, FLORIDA

06-07



Principal Place of Business 26 SAN RAFAEL COURT PALM COAST, FL 32137	Mailing Address 26 SAN RAFAEL COURT PALM COAST, FL 32137
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04112007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box # 153 Kings Quarry Lane	3. Mailing Address 153 Kings Quarry Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Augustine, FL	City & State St. Augustine, FL
Zip 32080	Zip 32080
Country	Country

4. FEI Number 20-2811267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HALL, CHARLES E JR. 77 ALMERIA ST ST AUGUSTINE, FL 32084	
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7. Name and Address of New Registered Agent	
Name O'Connell, William H.	
Street Address (P.O. Box Number is Not Acceptable) 2200 N. Ponce De Leon Blvd, #10	
City St. Augustine, FL	Zip Code 32084

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 C.P.A. DATE 4/12/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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	DPST SULLIVAN, COLLEEN M 26 SAN RAFAEL COURT PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	153 Kings Quarry Lane St. Augustine, FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900099269589 04/30/07--01007--006 **\$300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

colleen Sullivan 4/12/07

24/23