PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		A DEPARTMEN Katherine Ha Secretary of S	rris tate		FI		
DOCUMENT # P9700085439 1. Corporation Name					FILED 01 NOV-9 PM 6:40		
DAVID SULLIVAN, INC.				SECRETARY OF STATE TALLAHASSEE. FLORIDA			
JUPITER FL 33458 JUPITER F		TER PARK DR. BAY #1 FL 33458					
If above addresses are incorrect in 2. New Principal-Office Address Suite, Apt. #, etc. City & State Park City & State Park City & State City & Stat	any way, line through incorrect Applicable 3. New Ma Suite, Apt. in Comp. State	#, etc.	correction below.	 4. Date incorp. 	orated or Qualified ness in Florida 10/	02/1997 Applied For Not Applicable	
Zip 3 3 401 Country	SA Zip	Country	′	6. CERTIFICATE		Additional Fee required ra Certificate of Status	
Title (a) Nam	2 and/or birectors		Street Address of Each Officer and/or Director 1005 JUPITER PARK DR. BAY #1 TOL S. ROSEMARY A		4 City / Sta	te / Zip	
Mes		Sucte Willer	205	80	WEST PAIM (100047062 -12/05/0101 ****758.00	2486 .057017	
8. Name and Address of Current Registered Agent SULLIVAN, DAVID H. 109 JUPITER PARK DR BAY #1 JUPITER FL 33458			9. Name and Address of New Registered Agent Street Address IP O. Box Number is not Acceptable) TO I South Rosemany Ave Swite, Apt. #, Etc. City 205 City 287 PAIM BEACH FL Zin Code 40, 1				
Signature of Registered Agent 11. I certify that I am an officer or dirt this reinstatement application, the owed by the corporation have be on this application is true and according to the control of	REGISTERED As actor or the receiver or trustee e reason for dissolution has been paid and the names of indivi	GENT MUST SIGN Impowered to execute the eliminated, the corpor duals listed on this form	th and accept the ob	oligations of Sections of Sect	Date	ertify that when filing	
SIGNATURE:	ND TYPED OR PRINTED NAME OF	Zell	lien	wf	Polo (SU)	32-1999 5-24 Ime Phone #	