


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000013051

1. Corporation Name

SULLIVAN'S LANDSCAPE SERVICES, INC.

Principal Place of Business

6278 NORTH FEDERAL HWY
#502
FT LAUDERDALE FL 33308

Mailing Address

6278 NORTH FEDERAL HWY
#502
FT LAUDERDALE FL 33308

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

4613 NORTH UNIVERSITY DR
Suite, Apt. #, etc.
#367

3. New Mailing Office Address, if Applicable

4613 NORTH UNIV. DR
Suite, Apt. #, etc.
#367

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1998

5. FEI Number

65-0812696

- Applied For

X Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SULLIVAN, EDWARD A	351 SE 4 STREET	POMPANO BEACH FL 33060
P	SULLIVAN, EDWARD A	9960 NW 61 COURT	PARKLAND, FL 33076

8. Name and Address of Current Registered Agent

SULLIVAN, EDWARD A
351 SE 4 STREET
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name
SULLIVAN, EDWARD A
Street Address (P.O. Box Number is Not Acceptable)
9960 NW 61 COURT
Suite, Apt. #, Etc.
City
PARKLAND
State
FL
Zip Code
33076

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date

1/3/04

11. 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 filing 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 under section 119.07(3)(i), 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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/3/04

Daytime Phone #



FILED

05 JAN -5 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (7/03)

Sullivan's Landscape Services, Inc.

4613 North University Drive

#367

Coral Springs, FL 33067

(954) 444-5000

1/3/04

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: NO RECEIPT OF FORMS / CHANGE OF ADDRESS

To Whom It May Concern:

Sullivan's Landscape Services, Inc., a Profit Corporation, did not receive prior notices of pending dissolution due to our change of address. Our new address is shown on the application for reinstatement. 03

Please find enclosed a check for \$450 to bring our corporation fees up to date.

I thank you for your concern.

Sincerely,



Edward A. Sullivan, President,
Sullivan's Landscape Services, Inc.