

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 6 AM 11:37

DOCUMENT # **P99000084225**

1. Corporation Name

SULLIVAN CONSTRUCTION INC.

400190158704
01/06/11--01024--014 **908.75

REINSTATEMENT 09-10

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

208 OLIVE AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL.

City & State

Zip Country

34952

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

09-20-99

5. FEI Number

650949082

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PETER Q SULLIVAN

Street Address (P.O. Box Number is Not Acceptable)

208 OLIVE AVE.

Suite, Apt. #, Etc.

PORT ST. LUCIE

City

State

FL

Zip Code

34952

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

REGISTERED AGENT MUST SIGN

Date **12-28-10**

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
PRES.	PETER Q SULLIVAN	208 OLIVE AVE.	PORT ST. LUCIE FL. 34952

10. E-mail Address: **CONSTRUCTION@SULLIVAN07@GMAIL.COM**
(To be used for future annual report notification)

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. I further certify, 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

12-28-10

Date

Daytime Phone #