

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 20 AM 9:29

DOCUMENT # 515419

1. Corporation Name

Null's Business Service, Inc.

2. Principal Office Address

12525 Green Oak Lane

3. Mailing Office Address

P. O. Box 1866

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Dade City, FL

Zip

33525

Country

USA

Zip

33525

Country

USA

REINSTATEMENT 79-00

4. Date Incorporated or Qualified  
To Do Business in Florida

2/29/76

5. FEI Number

59-1697318

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

Karen Patterson

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

12525 Green Oak Lane

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33525

600003448066-9

11/02/00 01006 018

\*\*\*2755.00 \*\*\*2755.00

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

*Karen O Patterson*

REGISTERED AGENT MUST SIGN

Date 10/18/00

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
P/S/T/D	Karen Patterson	12525 Green Oak Lane	Dade City, FL 33525

10. 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:

*Karen O Patterson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00

Date

352-567-6254

Daytime Phone #