

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L94578**

1. Corporation Name  
Null's Property Investments, 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, Florida

City & State  
Dade City, Florida

Zip Country  
33525 USA

Zip Country  
33526 USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida 8/17/90

5. FEI Number  
59-3022399

Applicable  
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 Zip Code  
FL 33525

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 10/6/00

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, Florida 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*  
KAREN O. PATTERSON

10/6/00

Date

352 567 6254

Daytime Phone #