

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 28 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 01000070262**
1. Corporation Name
TED NULL COMPANY, INC

2. Principal Office Address
1786 TRADE CENTER WAY
Suite, Apt. #, etc.
Suite 2-
City & State
NAPLES FL
Zip
34109 Country
COLLIER

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida
7-17-01

5. FEI Number
36-4456541 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
LUDWIG J. ABRUZZO, ATTY

Street Address (P.O. Box Number is Not Acceptable)
5425 PARK CENTRAL COURTS

Suite, Apt. #, Etc.

City
NAPLES State
FL Zip Code
34109

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
[Signature] REGISTERED AGENT MUST SIGN Date
5/25/04

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	TED NULL	27341 PRESERVATION ST	BONITA SPRING FL 34135
PST			

200037388932
05/28/04 01003 002 **300.00

[Signature]

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: *[Signature]* **5/25/04** **239 405 0907**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)

May 25, 2004

Ted Null Company, Inc
1786 Trade Center Way Suite 2
Naples, Florida 34109

Dept of State
Division of Corporations
409 East Gaines St.
Tallahassee, Fl 32399

Re: Document # P01000070262
(Request for Reinstatement)

Dear Sir or Madam:

I was called to Malvern Arkansas in early January 2003 because my mother (Flossie Eloise Null Grant) had been hospitalized. She was 80 years and in failing health. I make arrangements to stay with her while trying to help her get her health back. I made the promise to her that she would not be forced to go to a nursing home. My commitment to her was that I would stay and be a caretaker for whatever time it took.

Her health continued to worsen and I was unable to return to Florida during the year. We lost the battle for her health on September 18, 2003 when she peacefully died in her sleep.

I stayed in Arkansas to help settle estate matters and did not return until early in 2004. When I finally returned to my home in Florida, I learned that the corporate charter for my business had been revoked effective September 19, 2003. I did not receive any of the correspondence regarding notice of fees due or renewal information or status of the corporation.

I am respectfully requesting a waiver of the reinstatement fee to get my business reinstated.

The new address for the Corporation is 1786 Trade Center Way Suite 2, Naples, Florida 34109.

The new Registered Agent for the corporation is:

Ludwig Abruzzo, Attorney
5425 Park Central Courts
Naples, Florida 34109

Respectfully-Yours:



Ted Null, President
Ted Null Company, Inc

Enclosures/
Corporation Reinstatement form
Letter of Explanation
Fee requested by State Examiner \$300.00