

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Mar 05, 2004 8:00 A.M.
Secretary of State

DOCUMENT # P02000085619

1. Corporation Name

nulineum inc.

2. Principal Office Address

257 whetherbne wy. e.
Suite, Apt. #, etc.

3. Mailing Office Address

1700 n. monroe st
Suite, Apt. #, etc.
#256 @ ste 11

City & State

tallahassee, fl

City & State

tallahassee, fl

Zip

32301

Country

USA

Zip

32303

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

22-3862764

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

500030102825
03/09/04--01041--009 **300.00

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Barnes & James, P.A.

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

2629 Blair Stone Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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 03/05/04

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.	Ronald weaver	257 whetherbne wy e	tallahassee, fl 32301

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04
Date

866.566.5400
Daytime Phone #

CR2E081 (9/01)

1700 N. Monroe St
Suite 11
PMB 256
Tallahassee, FL 32303

Nulineum Inc

March 5, 2004

Department Of State
Division Of Corporations
409 East Gaines St
Tallahassee, FL 32399

Dear Sir or Madam:

Recently, our corporation was dissolved by the state because of failure to file an annual report. This error was due to incorrect information on your records. We did not receive the necessary correspondence to complete the requirements and therefore request a waiver of the reinstatement fee. Along with this, we have included the necessary forms to update our information so that this will not happen again. Thank you for your cooperation in this matter.

Sincerely,


Ron Weaver
President & CEO

Quality is our #1 Priority