

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PA192

**CORPORATION  
REINSTATEMENT**



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

FILED

00 JUL 26 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA 7000029001

1. Corporation Name

National Lindell management, INC.

2. Principal Office Address

5625 TAYLOR RD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Country

USA

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3-31-97

5. FEI Number

05-0839980

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

ED FARLEY

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

5625 TAYLOR RD.

Suite, Apt. #, Etc.

City

NAPLES, FL 34109

State

FL

Zip Code

34109

800003358078

08/15/00

01070

007

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

7-18-00

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
VP	KEITH KIPP	3252 Regatta Rd.	Naples, FL 34103
PRES.	ED FARLEY	5625 TAYLOR RD.	Naples, FL 34109
TRES.	ED FARLEY	5625 TAYLOR RD.	Naples, FL 34109

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/00

Date

941-597-7758

Daytime Phone #

CR2081 (9/99)

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June 26, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314


Dear Sirs:

This letter is to request a reduction in fees for reinstatement of National Landfill Management, Inc. Enclosed is a check for \$300 and a formal request for a fee reduction.

National Landfill Management whose founder, and primary shareholder, Robert E. Fahey, died on January 6, 1999. He incorporated in order to market and promote a patent for reclaiming old landfills. In the chaos surrounding his death, the fees for National Landfill Management, Inc. were not paid. Ironically, the fees were paid for another corporation—Bioactive Landfill Technologies, Inc.

The family is trying to close on the estate which requires that all outstanding bills and fees that were associated with the corporation be paid.

Both corporations are very small and any reduction in fees for reinstatement would be greatly appreciated.

Edward Fahey  
  
6949 Johns Road  
Naples, Florida 34114