

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

Page 1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 SEP 20 PM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **98000060251**

1. Corporation Name

Bullit Services of Florida, Inc.

2. Principal Office Address

11218 Andy Drive

Suite, Apt. #, etc.

3. Mailing Office Address

11218 Andy Drive

Suite, Apt. #, etc.

City & State

Riverview, Florida

City & State

Riverview, Florida

Zip
33569

Country

Zip
33569

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July 6, 1998

5. EEI Number

59-3521790

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Douglas Nelson

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

11218 Andy Drive

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33569

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

Douglas Nelson
REGISTERED AGENT MUST SIGN

Date **9/19/2006**

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	Douglas Nelson	11218 Andy Drive	Riverview, FL 33569

600080187506
09/26/06--01053--026 **308.75

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 contained in Chapter 119, 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:

Douglas Nelson **DOUGLAS NELSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/19/06

Daytime Phone #

813-624-6166

PK 20052

9/19/2006

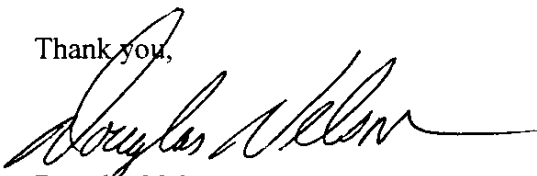
To: Florida Department of State (Corporate Reinstatement Dept)
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

From: Bullit Services of Florida, Inc.
11218 Andy Drive
Riverview, Florida 33569

To Whom It May Concern:

I did not receive my 2005 Annual Report Notice as I moved to a new location and the mail did not forward the notice to me. Please waive the reinstatement fee and accept this new application and payment.

Thank you,



Douglas Nelson
President of Bullit Services of Florida, Inc.