

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -6 PM 4:11
DIVISION OF CORPORATIONS
STATE OF FLORIDA

DOCUMENT # P98000060251

1. Corporation Name

Bullit Services of Florida, Inc.

700011902747
02/06/03--01024--007 **608.75

2. Principal Office Address

5202 Laurel Pointe Drive

Suite, Apt. #, etc.

City & State

Valrico

Zip

33594

Country

3. Mailing Office Address

5202 Laurel Pointe Drive

Suite, Apt. #, etc.

City & State

Valrico

Zip

33594

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July 1998

5. FEI Number

59-3521790

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

Doug Nelson

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

5202 Laurel Pointe Drive

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

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

Doug Nelson

REGISTERED AGENT MUST SIGN

Date

2/3/2003

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	Doug Nelson	5202 Laurel Pointe Drive	Valrico, Florida 33594
V	Sharon Nelson	5202 Laurel Pointe Drive--	Valrico, Florida 33594

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:

Doug Nelson / Doug NELSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/3/2003

Daytime Phone #

(813)661-5960

CR2E081 (10/02)

2/03/2003

To: Florida Department of State [Division of Corporations]

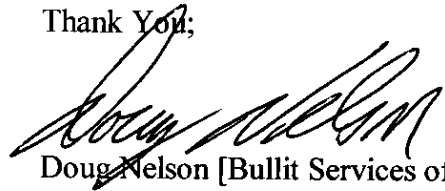
From: Bullit Services of Florida, Inc.

Re: Reinstatement Form and Letter

To Whom It May Concern:

I'm writing in response to not receiving a 2000 annual report form for Bullit Services of Florida. Because of this the company went inactive. I'm sending the reinstatement letter along with my check to have the company reinstated. I would appreciate it if you could waive the penalties associated with the reinstatement process.

Thank You;

A handwritten signature in black ink, appearing to read "Doug Nelson", is written over the printed name.

Doug Nelson [Bullit Services of Florida, Inc.]