

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 07, 2009  
Secretary of State**

DOCUMENT# N08000004634

Entity Name: INTERNATIONAL BUREAU OF SPECIAL INVESTIGATIONS, INC.

**Current Principal Place of Business:**

3508 NW 114TH AVE.  
BM-5665  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

EPS X-23574  
P. O. BOX 025522  
MIAMI, FL 331025522

**New Mailing Address:**

FEI Number: 26-2801862      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GONZALEZ, DAVID  
3508 NW 114TH AVE.  
BM-5665  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID GONZALEZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: GONZALEZ, DAVID  
Address: EPS X-23574, P. O. BOX 025522  
City-St-Zip: MIAMI, FL 331025522

Title: VC ( ) Delete  
Name: MENDEZ, FRANCISCA A  
Address: EPS X-23574, P. O. BOX 025522  
City-St-Zip: MIAMI, FL 331025522

Title: S ( ) Delete  
Name: MARTINEZ, MAYRA  
Address: EPS X-23574, P. O. BOX 025522  
City-St-Zip: MIAMI, FL 331025522

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PC (X) Change ( ) Addition  
Name: GONZALEZ, DAVID  
Address: 3508 NW 114TH AVE. BM-5665  
City-St-Zip: DORAL, FL 331781841 US

Title: VC (X) Change ( ) Addition  
Name: MENDEZ, FRANCISCA A  
Address: CALLE K NO. 53, MANGANAGUA  
City-St-Zip: SANTO DOMINGO, DN 10138 DO

Title: S (X) Change ( ) Addition  
Name: RODRIGUEZ, HECTOR  
Address: CALLE K NO. 53, MANGANAGUA  
City-St-Zip: SANTO DOMINGO, DN 10138 DO

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GONZALEZ

Electronic Signature of Signing Officer or Director

PC

10/07/2009

Date