

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 18 AM 9:39

DOCUMENT # 799000104314

1. Corporation Name

AH Investigations
Security Consultants Inc

2. Principal Office Address

3948 S. 3rd St.

Suite, Apt. #, etc.

174

City & State

JACKSONVILLE Bch, FL

Zip

32250

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/23/1999

5. FEI Number

59-3612823

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

DENNISE HERNANDEZ GRUBER, ESQ

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

211 PLEASANT HILL DRIVE

Suite, Apt. #, Etc.

100004610651-3

-09/25/01-01082-007

****908.75 ****908.75

City

CLERMONT

State

FL

Zip Code

34761

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

Dennise Hernandez Gruber

REGISTERED AGENT MUST SIGN

Date

9/10/01

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 |
|----------|--------------------------------------|---|-----------------------------------|
| <u>P</u> | <u>ALFREDO HERNANDEZ</u> | <u>3948 S. 3rd St, Suite 174</u> | <u>JACKSONVILLE Bch, FL 32250</u> |
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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:

ALFREDO HERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09/14/01

Daytime Phone #

904-287-7525

CR2E081 (9/00)