PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPI I F REINST	CATION CRAMACO	Kathe Secret	ARTMENT OF STATE Frine Harris Lary of State FCORPORATIONS		ASION OF CORPORATIONS		
DOCUMENT # P0000007134 1. Corporation Name				01 OCT 26 PM 12: 21			
A UNIVER: C.	SAL BUREAU OF IN	VESTIGATIVE S	SERVICES, IN				
Principal Place of	of Business	Mailing Address		-			
352 1ST AVE. S Naples Fl 34102		852 1ST AVE. S STE. 1 NAPLES FL 34102	5 FL 34102				
	sses are incorrect in any way, line the Il Office Address, If Applicable	hrough incorrect information 3. New Mailing Office		4. Date Incorpo	orated or Qualified		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		To Do Business in Florida 01/14/2000			
.City & State		City & State		5. FEI Number Applied For			
•				6. S8.75 Additional Fee required			
Zip	Country	Zip	Country	CERTIFICATE	OF STATUS DESIRED for a Certificate		
7. Names and S	Street Addresses of Each Officer and	d/or Director (Florida nonpr	· · · · · · · · · · · · · · · · · · ·				
Title(s) Name of Officers and/or Directors		. 3	Street Address of Ea Officer and/or Direct		City / State / Zip		
PVST BAS	ST BASTEDO, MICHELLE A 852 1ST AVE.				NAPLES FL 34102		
	R. Name and Address of Current	A Danishand A part			000467802401/14/010102101/0210	37 37 300 4	
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
BASTEDO, MICHELLE A 852 1ST AVE. S., STE. 113 NAPLES FL 34102				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code			
Signature of Registered Agen		REGISTERED AGENT MUS	2 CERTO T SIGN		<u> </u>	nen filing	
this reinstater owed by the	ment application, the reason for diss corporation have been paid and the ation is true and accurate, and my s	solution has been eliminated names of individuats listed	d, the corporate name satisfies on this form do not qualify for	the requirements of an exemption und	of section 607.0401 or 617.0401, F.S., that er section 119.07(3)(i), F.S. The informatio	all fees	
SIGNA I UK	SIGNATURE AND TYPED OR PE	RINTED NAME OF SIGNING OF	FICER OR DIRECTOR		Date Daytime Phone #	_	

A Universal Bureau of Investigative Services, Inc. 852 1st. Ave. S. Suite 113 Naples, FL 34102

941-403-8481

10/23/01

RE:

Document # P00000007134

I am writing you to respond to your notice of "Administrative Dissolution or Revocation of Corporation".

I had not received any information prior to this notice, and was unaware of such a form to be filled out and returned. I telephoned your office, and was told that if I sent you this in writing, I may be able to have the reinstatement fees waived.

I am a new business and have never known about this nor have ever had to fill out one before. It would be most gracious if you would honor the waiver of the reinstatement fees.

Sincerely,

Michelle A. Bastedo