## 2005 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # F04000004685 1. Entity Name 77 INVESTIGATIONS INC. 05 OCT 21 PM 2: 47 Principal Place of Business Mailing Address renstatement\_os 99 N. SAN ANTONIO AVE. #240 99 N. SAN ANTONIO AVE. #240 UPLAND, CA 91786 UPLAND, CA 91786 2. Principal Place of Business 3. Mailing Address 033 C ASSAT Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (6/04) 10102005 REIN-P City & State Gity & State 4. FEI Number Applied For 71-0869143 Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired USA 2205 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIMBRO, REGINALD ss (P.O. Box Number is 10151 DEERWOOD PARK BLVD. BLDG. 200 STE. 250 JACKSONVILLE, FL 32256 Zip Code 32205 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 TITLE ☐ Delete TITLE ☐ Change KIMBRO, REGINALD NAME NAME 100060855741 10/21/05--01030--025 \*\*\*758.75 99 N. SAN ANTONIO AVE. #240 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP UPLAND, CA 91786 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-STAZIP -CITY - ST - ZIP -TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 trustage empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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