2006 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # F00000005703

1. Entity Name
RAV INVESTIGATIVE & SECURITY SERVICES LTD.
INCORPORATED

06 OCT 10 ⠇⠇ 2:45

Principal Place of Business	Mailing Address
44 W 28TH ST 6TH FLOOR NEW YORK, NY 10001	44 W 28TH ST 6TH FLOOR NEW YORK, NY 10001

REINSTATEMENT ...098 (11/05) 06

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4. FEI Number** 13-3049445	Applied For Not Applicable
City & State	City & State		
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEN, RON RAV INVESTIGATIVE-SECURITY SER. LTS INC., 4201 VINELAND RD STE.,I-2 ORLANDO, FL 32811	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST	TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	ALLEN, RON	NAME	0000806870 0 10/10/06--01057--012 **$200.00**
STREET ADDRESS	44 W 28TH ST	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10001	CITY-ST-ZIP	
TITLE		TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME	0000806870 0 10/10/06--01057--013 **$550.00**
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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: _____ 10/5/06 212-447-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

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