

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 27 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000001134

1. Corporation Name

J.P. Investigative Group, Inc.

2. Principal Office Address - No P.O. Box #

9716-B Rea Road

3. Mailing Office Address

P.O. Box 354714

Suite, Apt. #, etc.

#211

Suite, Apt. #, etc.

City & State

Charlotte, NC

City & State

Palm Coast, FL

Zip

28277

Country

USA

Zip

32135

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02-16-2006

5. FEI Number

56-2186828

☐ 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

Mike Trecki

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

19 Palmer Lane

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32164

100208212361
05/27/11--01034--003 **1058.75

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

Michael D. Trecki

Date 5-21-11

REGISTERED AGENT MUST SIGN

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
P	Tracy Paonessa	9716-B Rea Road #211	Charlotte, NC 28277
V	Joseph Paonessa	9716-B Rea Road #211	Charlotte, NC 28277
		15/27	

10. E-mail Address: info@jpinvestigations.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Tracy Paonessa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/11

Date

877 9902111

Daytime Phone #