

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **FC1500000222**

1. Corporation Name

On Line Investigations, Inc.

Principal Place of Business

**2702 TAMPA RD
PALM HARBOR FL
34684**

Mailing Address

**2702 TAMPA RD
PALM HARBOR FL
34684**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97-99

4. Date Incorporated or Qualified To Do Business in Florida 5/5/1995	
5. FEI Number 36-3926312	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional fee required for a Certificate of Status.	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ROGER D. BURTON	1729 VIRGINIA AVE	LIBERTYVILLE IL 60048
V	CATHLEEN P. BURTON	1729 VIRGINIA AVE	LIBERTYVILLE IL 60048
V	Nancy HUSEREAU	5252 KARLSBURG PL	PALM HARBOR FL 34685
S	RICHARD BURTON	953 AZURE LN	FT. LAUDERDALE FL 33326
			500003033025--7 -11/02/99--01098--005 *****8.75 *****8.75 LS

8. Name and Address of Current Registered Agent

**NANCY HUSEREAU
5252 KARLSBURG PL
PALM HARBOR FL 34685**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Nancy HuserEAU
REGISTERED AGENT MUST SIGN

Date **10-22-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Nancy HuserEAU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy HuserEAU

10-22-99

Date

(727) 771-2941

Daytime Phone #

CR2001 (12/98)