

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 30 PM 3: 01

DOCUMENT # **F99000005065**

1. Corporation Name

**US INVESTIGATIONS SERVICES, PROFESSIONAL SERVICE
S DIVISION, INC.**

Principal Place of Business

Mailing Address

1953 GALLOWES ROAD, SUITE 810
VIENNA VA 22182-3934

1953 GALLOWES ROAD, SUITE 810
VIENNA VA 22182-3934

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1999

5. FEI Number

54-1076624

Applied **SP**
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KIM, ARTHUR ANTHONY J. GALLO	1953 GALLOWES ROAD, SUITE 810	VIENNA VA 22182
VSD	SEATON, OWEN B	1137 BRANCHTON RD	ANNANDALE PA 16018
VTD	SWEENEY, PHILLIP	1137 BRANCHTON RD	ANNANDALE PA 16018
D	HARPER, PHILLIP	1137 BRANCHTON RD	ANNANDALE PA 16018

600004659226--1

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Anthony J. Gallo
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/29/01

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., 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:

ANTHONY J. GALLO
Anthony J. Gallo
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

October 15, 2001

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 239830 5039022

AUTHORIZATION

COST LIMIT : \$ 750.00

Patricia Pizub

ORDER DATE : October 29, 2001

ORDER TIME : 10:05 AM

ORDER NO. : 239830-005

CUSTOMER NO: 5039022

CUSTOMER: Ms. Larue Enright
Us Investigations Services,
1137 Branchton Road

Annandale, PA 16018-0026

RECEIVED
01 OCT 30 AM 11:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: US INVESTIGATIONS SERVICES,
PROFESSIONAL SERVICES DIVISION
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS