

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 OCT 29 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J85523**

1. Corporation Name

JACK BRUCATO INVESTIGATIONS, INC.

Principal Place of Business

Mailing Address

274 UNEEDA PLACE
PORT ST LUCIE FL 34953
US

PO BOX 1679
STUART FL 34995
US

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.

N/A

Suite, Apt. #, etc.

N/A

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1987

5. FEI Number

59-2834695

Applied For

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
D	BRUCATO, JACK V.	274 UNEEDA PLACE	PORT ST LUCIE FL

200004685022--6

-11/16/01--01045--008

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIDLON, SUSAN
ATLANTIC ACCOUNTING SERVICES
420 COLORADO AVE
STUART FL 34994

Name

SAME N/A

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]
SIGNATURE REQUIRED

Date

10-25-01

REGISTERED AGENT MUST SIGN

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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT-25-2001 (561) 878-4444

2092

Jack Brucato National and International Investigations
P.O. Box 1679
Stuart, Florida 34995
(561) 878-4444 Fax (561) 871-0910

Former State Trooper
Backgrounds
Member: International Police Association

Surveillance-Accident-Locate
Child Custody
Pre-Trial-Asset & Credit Investigations

OCTOBER 25, 2001

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FLORIDA 32314

TO WHOM IT MAY CONCERN,

I RECENTLY RECEIVED THE NOTICE OF DISSOLUTION OR REVOCATION ON OCTOBER 23, 2001. I AM PERPLEXED BY THIS NOTICE SINCE I HAVE NEVER RECEIVED ANY PRIOR NOTICE IN THE MAIL. THE ADDRESSES LISTED ARE CORRECT, BOTH THE HOME ADDRESS AND THE P.O. BOX ADDRESS, BUT I NEVER RECEIVED THE NOTICE.

IN 14 YRS. IN BUSINESS I HAVE NEVER BEEN LATE WITH MY FILING FEE'S AND HAVE NO EXPLANATION FOR NOT RECEIVING THE NOTICE.

ON TUESDAY OCTOBER 23, 2001 I HAD RETURNED HOME AFTER HAVING A HEART ATTACK, HOWEVER EVEN PRIOR TO THAT I DIDN'T RECEIVE THE NOTICE.

I RESPECTFULLY REQUEST THAT THE LATE FEE BE WAIVED, AND I WILL INCLUDE A \$ 150.00 CHECK FOR THE NORMAL FILING FEE. ANY CONSIDERATION GIVEN ME WOULD BE GREATLY APPRECIATED.

RESPECTFULLY

Jack V. Brucato
JACK V. BRUCATO