

READ ALL INSTRUCTIONS BEFORE COMPLETING

FLORIDA DEPARTMENT OF STATE

Sandra L. Morton
Secretary of State

COMMISSION OF LABORATIONS

K65009

FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

97 AUG 29 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Inquiry Services Limited, Inc.)

Mailing Address

132 Lake Beulah Dr.
Lakeland, FL. 33815

REINSTATEMENT 9-6-79
FRB 8-29

2. New Principal Office Address, If Applicable
132 Lake Beulah Dr.
Suite, Apt #, etc.

3. New Mailing Office Address, If Applicable
132 Lake Beulah Dr.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

City & State

Lakeland, FL.
ZIP Country
33815 U.S.A.

Lakeland, FL.
Zip Country
33815 U.S.A.

5. FFI Number

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P-S-D	Samuel Einhorn	132 Lake Beulah Dr.	Lakeland, FL. 33815

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 ****915.00 ****915.00

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-09/15/97--01123--002
****915.00 ****915.00

8. Name and Address of Current Registered Agent

James Deckinger
132 Lake Beulah Dr.
Lakeland, FL. 33815

9. Name and Address of New Registered Agent

Name _____

James Deckinger

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

132 Lake Beulah Dr.
Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33815

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

Date .. 8/18/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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.

-Samuel Einhorn

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/97
Date

Date

(941) 687-9490
Daytime Phone #

Daytime Phone

09EVA/12/06