

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 OCT 15 PM 4:00

DOCUMENT # L05000101318

1. Limited Liability Company's Name

Uncover Investigations Services, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 3773 north federal highway		3. Mailing Office Address Same	
Suite, Apt. #, etc. 207		Suite, Apt. #, etc.	
City & State pompano beach		City & State	
Zip 33064	Country USA	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/4/2005	
6. FEI Number 65-2458796	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Dennis Nadeau		
Street Address (P.O. Box Number is Not Acceptable) 3773 North Federal Highway		
Suite, Apt. #, Etc. 207		
City Pompano Beach	State FL	Zip Code 33064

E-mail Address: 500240886485 10/17/12--01001--015 **\$16.25
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Date _____

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres	Dennis Nadeau	3773 North Federal Highway, 207	Pompano Beach, FL 33064

REINSTATEMENT 2010-2012

OCT 16 2012

T. HAMPTON

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date **10/11/2012** Daytime Phone # **800-844-6776**

Typed or printed name of signing Managing Member/Manager **Dennis Nadeau**