2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000006386

1. Entity Name
FLORIDA HOMICIDE INVESTIGATORS ASSOCIATION, INC.

FILED
05 FEB 28 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
PO BOX 17242 CLEARWATER, FL 33762	PO BOX 17242 CLEARWATER, FL 33762

02222005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3743656 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, DIANE DET
10850 ULMERTON RD.
LARGO, FL 33778

7. Name and Address of New Registered Agent

Name Paul J. Andrews
Street Address (P.O. Box Number is Not Acceptable) 7700 59 ST. N.
City Pinellas Park FL Zip Code 33781

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Paul J. Andrews Paul J. Andrews 2/24/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $297.50 **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARTIN, DIANE P.O. BOX 17242 CLEARWATER, FL 33762	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100047924451 03/08/05--01018--002 **306.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV KING, JOHN P.O. BOX 17242 CLEARWATER, FL 33762	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Andrews, Paul J. P.O. Box 17242 Clearwater, Fl. 33762 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT DEASARO, MARK P.O. BOX 17242 CLEARWATER, FL 33762	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Spelman, Laura P.O. Box 17242 Clearwater, Fl. 33762 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SCHOCK, ROBERT P.O. BOX 17242 CLEARWATER, FL 33762	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 04-05 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane K Martin Diane K. Martin 2/22/05 (727) 481-0184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #