

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 20 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #NO2000008058

1. Corporation Name

Intact Crime Consultants Inc.

2. Principal Office Address - No P.O. Box #

102 DIXIE DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

Zip

32304

Country

U.S.

Zip

32304

Country

700146481447
03/20/09--01020--006 ** 376.25
REINSTATEMENT 04-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

38-3664765

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Derrick Danzy

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

102 Dixie Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32304

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

3/20/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
ED	Derrick Danzy	102 Dixie Dr.	Tall., FL. 32304
D	Willard Cannon	102 Dixie Dr.	Tall., FL. 32304
D	Tamara F. Dudley, ESQ	102 Dixie Dr.	Tall., FL. 32304
D	Quana Wilson	102 Dixie Dr.	Tall., FL. 32304

10. 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 contained in Chapter 119, 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:

DERRICK DANZY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/09

Date

(850) 576-0400

Daytime Phone #

3/20