

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 10 AM 9:06

DOCUMENT # P00000022601

1. Corporation Name

Axxess Unlimited Private Investigations Inc.

2. Principal Office Address

4320 65th Way N

Suite, Apt. #, etc.

Apt 6

City & State

Kenneth City, FL

Zip

FL

Country

USA

3. Mailing Office Address

P.O. Box 41542

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip

33743-1542

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-7-00

5. FEI Number

59-363-0179

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

Daryl G. Flowers II

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

4320 65th Way N

Suite, Apt. #, Etc.

Apt #6

City

Kenneth City

State

FL

Zip Code

33709

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

REGISTERED AGENT MUST SIGN

Date 5-7-01

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
Pres.	Daryl G Flowers II	4320 65th Way N #6 Kenneth City, FL 33709	

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-7-01

Daytime Phone #

CR2001 (9/00)