## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		_
corporation 2005 AR	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 APR -4 PH 4:19
DOCUMENT # POCCOS 25124		_SECRET/
1. Corporation Name Brad's Investigative Services, Inc		SECRETY TALLAHASSES, LORIDA
Driad 3 27	,	A.
2. Principal Office Address 14291 SW 109 Ave	P.O. Box 160592	00000 0014/4444 00000
14291 SW 109 Ave Suite, Apt. #, etc.	Suite, Apt. #, etc.	2005 ANNUAL BEPORT
		4. Date incorporated or Qualified To Do Business in Florida
City & State	City & State	5. FEI Number Applied For
zip Country	Zip Country	65-1020969 Not Applicable
33176 US	33116 U.S	CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Trwin	Braddy	
Street Appress (P.O. Box Number is Not Acceptable)		
1429 SW 109 /the 05/06/0501010007 **150.00 Suite, Apt. #, Etc.		
City		State Zip Code
Miami FL 33176		
8. I, being appointed the registered agent of the above named exporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent Standy Date 3/27/05		
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  Street Address of Each  City / State / Zip		
Titles Officers and/or Directors		
P Elise L. Braddy 14291 SW 109 Are Miami 21.33176		
VP Trwin 1. Braddy 14291 Sw 109 Ane Hiami D. 33176		
V. Howard L. 91	J	
10 Leadily both an anothing or display or the receipts or trustee amounted to expelled the prolifering an arounded to be about 207 or 217 E.S. Lighter south that then filling		
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 filling 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)(i), 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: STUDEN L. Bradd 3 27 05 (305)244.5459  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Dayline Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION Date Daytime Phone #		