

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF
TALLAHASSEE, FL

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P00000041076

Corporation Name

RAVEN GROUP INVESTIGATIONS, Inc

Principal Office Address

2674 HIDDEN ESTATES CIRCLE

Suite, Apt. #, etc.

City & State

NAVARRE, FL

Zip Country

32566 U.S.A.

Mailing Office Address

2674 HIDDEN ESTATES CIRCLE

Suite, Apt. #, etc.

City & State

NAVARRE, FL

Zip Country

32566 U.S.A.

REINSTATEMENT

2001

4. Date Incorporated or Qualified
To Do Business in Florida

3-24-2000

5. FEI Number

59-3632197

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

KENNETH R. Fountain, P.A.

600004703676--3

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

38 W. MIRACLE STRIP PKY SUITE 5

-12/04/01--0103--010

****750.00 ****750.00

Suite, Apt. #, Etc.

City

FT WALTON BEACH, FL

State

FL

Zip Code

32548

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

Kenneth R. Fountain

REGISTERED AGENT MUST SIGN

Date 10-24-01

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 |
|------------------|--------------------------------------|---|-------------------------------|
| <u>Pres/CEO</u> | <u>MARION L. CUTTINO</u> | <u>2674 HIDDEN ESTATES CIR</u> | <u>NAVARRE, FL 32566</u> |
| <u>V.P.</u> | <u>DONALD L. SMITH</u> | <u>4237 CORNGRASS TOWER DR</u> | <u>JACKSONVILLE, FL 32250</u> |
| <u>Off/Treas</u> | <u>DAVID W. CUTTINO</u> | <u>2674 HIDDEN ESTATES CIR</u> | <u>NAVARRE, FL 32566</u> |
| | | | |
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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)(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:

Marion L. Cuttino, MARION L. CUTTINO, Pres/CEO

Date

10-24-01

Daytime Phone #

8502329097

CR02001 (\$100)