

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000107578

1. Corporation Name

ACCELERATED INVESTIGATIONS, INC.

Principal Place of Business

8200 W SUNRISE BLVD
SUITE C-2
PLANTATION FL 33322

Mailing Address

8200 W SUNRISE BLVD
SUITE C-2
PLANTATION FL 33322

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/2000

5. FEI Number

65-1060810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

1

PRESIDENT
PETER MISKOVICH

8200 W SUNRISE BLVD., SUITE C-2

PLANTATION FL 33322

VPST

VP/SECRETARY
ROBERT ST. AUBIN

8200 W. Sunrise Blvd. C-2 PLANTATION, FL 33322

300009368043

12/05/02-01020-002 **\$600.00

300009368043

01/06/03-01076-003 **\$300.00

8. Name and Address of Current Registered Agent

CANTOR, JERALD C.

3090 STIRLING ROAD

STE 1

HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

JERALD C. CANTOR

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

4000 HOLLYWOOD BLVD. SUITE 265

Suite, Apt. #, Etc.

265

City

HOLLYWOOD

State

FL

Zip Code

33021

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/26/02

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/25/02 954/476/9574
11/2/02 954/476/9574