PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 26 PM 12:12

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000031303

1. Corporation Name
Investigative Specialists, Inc.

2. Principal Office Address	3. Mailing Office Address
2085 SE TRIUMPH RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ST.LUCIE, FL	City & State
Zip: 34952 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 20-0169179 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Christopher J. Grimaldi
Street Address (P.O. Box Number is Not Acceptable): 2085 SE Triumph Rd
Suite, Apt. #, Etc.
City: Port St. Lucie State: FL Zip Code: 34952

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: [signature] REGISTERED AGENT MUST SIGN Date: 8/23/03

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.	Christopher J. Grimaldi	2085 SE Triumph Rd	Port St. Lucie, FL 34952
VP	Madgeline Vargas	2085 SE Triumph Rd	Port st. Lucie, FL 34952
			900022756558
			09/04/03--01093--010 **600.00

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)(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] 8/23/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

INVESTIGATIVE SPECIALISTS, INC
2085 SE Triumph Rd.
Port St. Lucie, FL 34952
(772) 529-0318

To whom it may concern:

Due to an address change, I did not receive the notice for the Uniform Business Report. Please waive the late fees. did not receive report for 2002.

Sincerely,

Christopher J Grimaldi

Christopher J Grimaldi
President
Investigative Specialists, Inc