

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000058761

1. Corporation Name

Investigations, Inc.

2. Principal Office Address - No P.O. Box #

7841 W Sample Road

Suite, Apt. #, etc.

City & State

Coral Springs

Zip

33065

Country

USA

3. Mailing Office Address

PO BOX 9107

Suite, Apt. #, etc.

City & State

Coral Springs

Zip

33075-9107

Country

USA

FILED

09 DEC 29 PM 3:27

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

200164030062
12/29/09--01033--002 **150.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 06/13/2001

5. FEI Number
432085818

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

Robert D. Franco

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

7841 W. Sample Road

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33065

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 12/18/2009

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVST	Robert D. Franco	PO BOX 9107	Coral Springs, FL 33075

REINSTATEMENT

2009

10. E-mail Address: info@investigations-inc.com

(To be used for future annual report notification)

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. I further certify, 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:

Robert D. Franco

12/18/2009 954-938-9610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #