

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, FL

Zip

33065

Country

USA

3. Mailing Office Address

PO Box 9107

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33075-9107

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
43-2085818

☐ 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

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

REGISTERED AGENT MUST SIGN

Date 12/29/2010

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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
PD	Robert D. Franco	7841 W. Sample Road	Coral Springs, FL 33065
	12/3/11		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/2010 954-889-4796

Date

Daytime Phone #