

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 20 AM 10:20

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000065959

1. Corporation Name ARGUS SEARCH GROUP, INC.

2. Principal Office Address  
2760 NW 29th AVE

3. Mailing Office Address  
2760 NW 29th AVE

**REINSTATEMENT** 04-06  
CR2E081 (7/2005)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
BOCA RATON, FL

City & State  
BOCA RATON, FL

4. Date Incorporated or Qualified  
To Do Business in Florida 07-03-01

5. FEI Number  
651156818

Applied For  
Not Applicable

Zip Country  
33434 U.S.

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33434 U.S.

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
WALTER H. MESSICK, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1900 CORPORATE BLVD

Suite, Apt. #, Etc.  
SUITE 200 EAST

City  
BOCA RATON

State Zip Code  
FL 33431

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 Walter H. Messick

Date 3-15-06

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
<u>PTSD</u>	<u>SCHALL, WILLIAM</u>	<u>2760 NW 29th AVE</u>	<u>BOCA RATON, FL 33434</u>

500069444385  
04/04/06--01054--008 \*\*1050.00

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 contained in Chapter 119, 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: William A. Schall  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.13.06 561 330  
Date Daytime Phone #  
8040