

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 13 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 601000071026

1. Corporation Name

L.S.P. INVESTIGATIONS AND
ASSOCIATES, INC.

2. Principal Office Address

1409 S. LORENZO AVE.

3. Mailing Office Address

P.O. BOX 14161

Suite, Apt. #, etc.

APT. # 8

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL.

Zip

33629

Country

HILLSBOROUGH

Zip

33690

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

09-01

5. FEI Number

59-3744648

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee Required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LESTER S. PUC SR.

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

1409 S. LORENZO AVE.

Suite, Apt. #, Etc.

APT. #8

City

TAMPA

State

FL

Zip Code

33629

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 5/8/03

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
owner	LESTER S. PUC SR.	1409 S. LORENZO AVE. #8	TAMPA, FL. 33629

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]

LESTER S. PUC SR.

Date

5/8/03

Daytime Phone #

(813) 368-2715

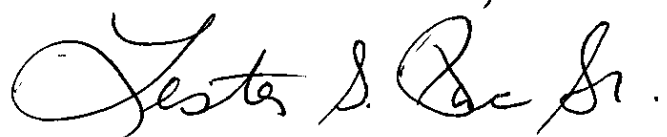
5-08-03

TO: DEPT. OF STATE
DIV. OF CORPORATIONS
Reinstatement Division,

TO WHOM IT MAY CONCERN,

I, LESTER S. PUC SR., OWNER OF L.S.P. INVESTIGATIONS & ASSOC. INC, P.O. BOX 14161, TAMPA, FL. 33690 DID NOT RECEIVE A 2002 / 2003 ANNUAL REPORT FORMS FOR MY BUSINESS. DUE TO NOT RECEIVING THE ABOVE FORMS, I WAS ADVISED BY MY BANK THAT MY CORPORATION WAS DISSOLVED. ENCLOSED PLEASE FIND MY MONEY ORDER IN THE AMOUNT OF \$308.75 TO BRING MY CORPORATION UP TO DATE AND REINSTATED. I AM SORRY THIS MIX UP HAD OCCURRED WITHOUT MY KNOWLEDGE.

Respectfully,



May 08, 2003

L.S.P. INV. & ASSOC. INC.
PO BOX 14161
TAMPA, FL. 33690
813-368-2715