

## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000  1. Entity Name COURTHOUSE INVESTIGATIV			04 DEC 27 PH 2: 56	
OGGINITION OF THE PROPERTY OF	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>'</b>	
Principal Place of Business 8905 NW 53 ST SUNRISE, FL 33351	Mailing Address 934 N. UNIVERSITY DRIV 406 CORAL SPRINGS, FL 330		SECRETA OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 5632 ESPA NOLA A	3. Mailing Address	PRSTYDR		
Suite, Apt. #, etc.	Suite, Apt. #, etc. サイ06	UND NO DIC	12062004 CREIN'S TEACHSED98 12/04/004	
NORTH PORT FU	COPAL SPRIN		4. FEI Number Applied For 01-0555538 Not Applicable	
34287 Country USA	¥ <sup>Z</sup> p.	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
6. Name and Address of C THOMAS, HILTON P 8905 NW 53 STREET SUNRISE, FL 33351	urrent Registered Agent	Name Street Address	7. Name and Address of New Registered Agent  S (P.O. Box Number is Not Acceptable)	_
		City CS DA	CAR GOODS FL Zip Code	
The above named entity submits this state the obligations of registered agents  SIGNATURE  Signature, typed or printed name of registers.	K S	egistered office of regist	tered agent, or both, in the State of Florida. I am familiar with, and accept 12-22-04  quired when reinstating)  DATE	
FILE NOWIII FEE IS \$150.00 After January 1, 2005, Fee will be \$	\$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
	S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME THOMAS, HILTON P STREET ADDRESS 8905 NW 53 STREET CITY-ST-ZIP SUNRISE, FL 33351	· 🔲 Delete	NAME STREET ADDRESS CITY-ST-ZIP	900043652519 12/27/0401092006 **150.00	
ITLE NAME STREET ADDRESS CITY-ST-ZIP  PRESIDENT THERIN LAWRE 5632 ESPANCE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3428 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	. Charige : Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	٠
I indicated on this copart or pupplemental t	conort is true and accurate and that my	u cionaturo chall have th	Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNATURE: SIGNATURE AND TY	PED OR PRINTED NAME OF SIGNING OFFICER O	R DIRECTOR	12 · 22 · 04  Date Daytime Phone #	

## Courthouse Investigation Agency, Inc.

934 N. University Dr. Suite #406 Coral Springs, Fl 33071

Tel # 954 650 7676 Fax #941 429 4824

October 30, 2004

**Division of Corporations** 

Document number P01000121611

Re: Delinquent Corporation Fee

To whom it may,

I Hilton Thomas and Therin Carl Lawrence directors of Courthouse Investigative Agency, Inc (Florida Agency License # A2200007). We did not realize that the expiration date had passed due to the damage hurricane Charley caused in our area of Florida. Please update your records with our new address which is illustrated at the top of this letter. Also we are submitting a check for a \$150.00 in order to renew our corporation status with the division of corporation. We are requesting leniency due to the storm which occurred August 13, 2004. If there are any questions please feel free to contact us at the above telephone number.

Singerely Mounts

Hilton Thomas and Therin C. Lawrence Courthouse Investigations Agency, Inc.

Florida Agency License A2200007

Email Thmp9@aol.com and Tlawica@aol.com