

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -5 PM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000007364

1. Corporation Name

PSI Investigative Service, Inc.

2. Principal Office Address

339 SW Randall Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

339 SW Randall Terrace

Suite, Apt. #, etc.

City & State

Lake City, Fla

Zip

32024

Country

Columbia

City & State

Lake City, Fla

Zip

32024

Country

Columbia

4. Date Incorporated or Qualified
To Do Business in Florida

1-23-02

5. FEI Number

04-3590119

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

Laura M. Shaw

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

339 SW Randall Terrace

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32024

100032249781
04/09/04-01011-018 **236.00

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

Laura M. Shaw

Date 3/30/04

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
P	Laura M. Shaw	339 SW Randall Terrace	Lake City, FL 32024
VP	Terri J. Cameron	2147 SW Loncala Loop	Ft. White, FL 32038

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:

Laura M. Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

Date

386-365-3605

Daytime Phone #

CR2E081 (01/04)

Dear Sean,

This is the new 911
Address. I am in hopes
that I get this, this is
the fourth Change of Address
for 911 reasons in the last
year & half. Thanks

386-365-3605 Jals
