PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 🚙 🚙 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000099653 DOCUMENT #

1. Corporation Name

HEADHUNTER INVESTIGATIONS INC

Principal Place of Business

Mailing Address

4410 W 16TH AVE

4410 W 16TH AVE

03 OCT 31 PM 12: 28

SECRETARY OF STATE TALLAHASSEE FLORIDA

| HIALEAH FL 33012 HIA | | | HIALEAH FL | MALEAH FL 33012 | | | REINSTATEMENT 03 | | | |
|--|--|--------------------------------|--------------------|---|--|---|----------------------------------|-------------------|---|--|
| | | | <u></u> | information and enter correction below. iling Office Address, If Applicable | | Date Incorporated or Qualified To Do Business in Florida 09/12/2002 | | | | |
| | | | Suite, Apt. # | Suite, Apt. #, etc. City & State | | 5. FEI Numbe | er | 03/12/20 | Applied For | |
| | | | City & State | | | Not A | | Not Applicable | | |
| Zip | - · · - · · · · · · · · · · · · · · · · | Country | Zip | | Country | 6. CERTIFICATI | E OF STATUS DESIRED | | itional Fee required rtificate of Status | |
| 7. Names | and Street A | Addresses of Each Officer an | d/or Director (Flo | orida nonprof | it corporations must list at le | east 3 directors) | | | | |
| Title(s) | Name of Officers and/or Directors | | | 3 | Street Address of Eac Officer and/or Direct | | City / State / Zip | | | |
| D | NUNEZ, EDDY | | | 4410 W 16TH AVE #5-277 | | | HIALEAH FL 33012 | | | |
| D | RODRIGUEZ, MISAEL | | | 4410 W 16TH AVE #5-277 | | | HIALEAH FL 33012 | | | |
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| | | | | | | 00 10/31/ | 1002432 1 00-01028 | 29950 013 **15 | 0.00 | |
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| | <u> </u> | | <u> </u> | <u> </u> | · | _ | <u> </u> | • | | |
| 8. Name and Address of Current Registered Agent BETANCOURT, NETTIE PRES 4410 W 16TH AVE #5-277 HIALEAH FL 33012 | | | | | Name | 9. Name and Address of New Registered Agent Name | | | | |
| | | | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | Suite, Apt. #, Etc. | | | | | |
| | | | | | City | | | State Zip (| Code | |
| 10. I, being | g appointed t | the registered agent of the al | bove named corpo | oration, am fa | amiliar with and accept the | obligations of Sect | ion 607.0505, F.S. or | | | |

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 filling 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 of

(U) 305-819-6491 Daytime Phone #

HEADHUNTER INVESTIGATIONS INC

4410 W 16 Ave. #5-277 Hialeah, Fl. 33012

Dear Sr. -

We did not receive the two prior UBR forms notices.

Thank you

Vetter Det

Nettie Betancourt

President.