

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000086717

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** ALAN SPRING INVESTIGATIVE CONSULTANTS, INC.

**Current Principal Place of Business:**

910 S. ELM AVE.  
SANFORD, FL 32771

**New Principal Place of Business:**

825 CAREW AVE  
ORLANDO, FL 32804 US

**Current Mailing Address:**

PO BOX 2955  
SANFORD, FL 32772

**New Mailing Address:**

PO BOX 2955  
SANFORD, FL 32772 US

**FEI Number:** 74-3101836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POOLE, WILLIAM F IV  
195 WEKIVA SPRINGS RD.-204  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WILLIAM F POOLE, IV

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SPRING, ALAN M  
Address: PO BOX 2955  
City-St-Zip: SANFORD, FL 32772

Title: D  
Name: SPRING, COLLEEN  
Address: PO BOX 2955  
City-St-Zip: SANFORD, FL 32772

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALAN SPRING

D

01/06/2012

Electronic Signature of Signing Officer or Director

Date