

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC -9 AM 11:10

DOCUMENT # P04000100190

1. Corporation Name

D.C. Investigations, Inc.

2. Principal Office Address - No P.O. Box #

1607 N.E. 105th St.

Suite, Apt. #, etc.

City & State

Miami Shores, FL

Zip

33138

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

800163472078

12/09/09--01028--018 **450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

7/2/2004

5. FEI Number

14-1919929

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

Karen England

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

1607 N.E. 105th St.

Suite, Apt. #, Etc.

City

Miami Shores

State

FL

Zip Code

33138

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Karen England

REGISTERED AGENT MUST SIGN

Date 12/08/2009

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
Pres.	<u>Jack Dennis Card Jr.</u>	<u>2501 Hollywood Blvd., #100</u> <u>Hollywood, FL 33020</u>	<u>Hollywood, FL 33020</u>
V.P.	<u>Nicole Jacobs</u>	<u>2501 Hollywood Blvd.</u> <u>Hollywood, FL 33020</u>	<u>Hollywood, FL 33020</u>

10. E-mail Address: DENNIS@FLORIDA OVERTIME ATTORNEYS.COM

(To be used for future annual report notification)

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 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. I further certify, 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:

Jack Dennis Card Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK DENNIS CARD

Date

12/8/09

Daytime Phone #

954-921-9994