2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000145970

Address:

City-St-Zip:

988 TURKEY HOLLOW CIRCLE

WINTER SPRINGS, FL 32708 US

Entity Name: STEWART'S INVESTIGATIVE SERVICES CORP

FILED Oct 23, 2006 Secretary of State

| y | | TO HAVE OTHER OF HAVE | 20 001(1) | | |
|--|---------------------------------|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| SUITE 251 | ERGREEN ST OD, FL 32750 | US | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| SUITE 251 | ERGREEN ST OD, FL 32750 | US | | | |
| FEI Number: | 68-0612680 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| STEWART, DEXTER 988 TURKEY HOLLOW CIRCLE WINTER SPRINGS, FL 32708 US | | | 988 TURKÉY HOLLOV | STEWART, DEXTER L MR. 988 TURKEY HOLLOW CIRCLE WINTER SPRINGS, FL 32708 US | |
| | named entity s e of Florida. | ubmits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: DEXTER L. STEWART | | | | 10/23/2006 | |
| | Electroni | c Signature of Registered Age | ent | Date | |
| | | (2)(b), F.S., the corporation did no Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | STEWART, DEX 988 TURKEY HO | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | STEWART, DEX 988 TURKEY HO | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | T () STEWART, DEX | Delete TER | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DEXTER L. STEWART MR. 10/23/2006