

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000034077

FILED
Oct 06, 2009
Secretary of State

Entity Name: J. MIKE KELLEY INVESTIGATIVE SERVICES, INC.

Current Principal Place of Business:

1510 E. COLONIAL DR
SUITE 212
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 608082
ORLANDO, FL 328608082

New Mailing Address:

FEI Number: 51-0595072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROEN, HAL ESQ.
505 N. PARK AVE #205
WINTER PARK, FL 32789 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: HAL ROEN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLEY, J. MIKE
Address: P.O. BOX 608082
City-St-Zip: ORLANDO, FL 328608082

Title: D () Delete
Name: KELLY, JACLYN M
Address: P.O. BOX 608082
City-St-Zip: ORLANDO, FL 328608082

Title: D () Delete
Name: KELLEY, PAMELA A
Address: P.O. BOX 608082
City-St-Zip: ORLANDO, FL 328608082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KELLEY, JACLYN M
Address: P.O. BOX 608082
City-St-Zip: ORLANDO, FL 328608082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JACLYN KELLEY

VP

10/06/2009

Electronic Signature of Signing Officer or Director

Date