

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000043971

**FILED**  
**Oct 27, 2014**  
**Secretary of State**

**Entity Name:** FORENSICS AND CRISIS RESPONSE, INC.

**Current Principal Place of Business:**

1339 NORTH KYLE WAY  
SAINT JOHNS, FL 32259

**New Principal Place of Business:**

4237 SALISBURY ROAD NORTH  
SUITE 308  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

1339 NORTH KYLE WAY  
SAINT JOHNS, FL 32259

**New Mailing Address:**

4237 SALISBURY ROAD NORTH  
SUITE 308  
JACKSONVILLE, FL 32216

**FEI Number:** 46-1303980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DAVIS III, JOHN A  
1339 NORTH KYLE WAY  
SAINT JOHNS, FL 32259 US

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

DAVIS III, JOHN A  
4237 SALISBURY ROAD NORTH  
SUITE 308  
JACKSONVILLE, FL 32216 US

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: JOHN A. DAVIS III

10/27/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HOBBS, KATHY B  
Address: 4237 SALISBURY ROAD NORTH, SUITE 308  
City-St-Zip: JACKSONVILLE, FL 32216

Title: V.P  
Name: DAVIS, JOHN A III  
Address: 4237 SALISBURY ROAD NORTH, SUITE 308  
City-St-Zip: JACKSONVILLE, FL 32216

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: JOHN A. DAVIS III

VP

10/27/2014

Electronic Signature of Signing Officer or Director

Date