

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P92000013238**

1. Corporation Name

**F.C.I. INVESTIGATIONS, INC.**

Principal Place of Business

9400 SO OCEAN DR.  
SUITE 907  
JENSON BCH. FL 34957

Mailing Address

9400 SO OCEAN DR.  
SUITE 907  
JENSON BCH. FL 34957

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/21/1992

5. FEI Number

65-0370862

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	CAPPETTA, FRED	9400 S OCEAN DR, APT. 907B	JENSON BCH. FL 34957

8. Name and Address of Current Registered Agent

WANGER, PETE  
9400 S OCEAN DR, #1007-B  
JENSON BCH. FL 34957

9. Name and Address of New Registered Agent

Name **MARIO LOMBARDO**  
Street Address (P.O. Box Number is Not Acceptable) **9600 SO. OCEAN DR.**  
Suite, Apt. #, Etc. **#1009**  
City **JENSON BCH.** State **FL** Zip Code **34957**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **12/3/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**FRED CAPPETTA**

Date **11/30/98** Daytime Phone # **561-229-1328**

APPROVED  
AND  
FILED

98 DEC -7 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

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CR2E040 (9/98)