

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 # **P94000066856**

1. Corporation Name

INVESTIGATIVE PROTECTIVE CONSULTANTS, INC.

Principal Place of Business

**7 NORTH ROSALIND AVE.
ORLANDO FL 32801
US**

Mailing Address

**5400 FITNESS CIRCLE 104
ORLANDO FL 32839**

FILED
96 NOV 15 AM 11:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

mwb
11-19-96



REINSTATEMENT *1996*

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

50-3200000

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
OPTS	DAVID, WILLIE	5400 FITNESS CIRCLE, 104	ORLANDO FL

600002009476--3
11/20/96--01031--016
*****375.00 ***375.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DAVID, WILLIE
5400 FITNESS CIRCLE, 104
ORLANDO FL 32839**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 **11/11/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

Date

Daytime Phone #