

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

88 NOV 12 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000049796**

1. Corporation Name

ELITE INFORMATIONAL & INVESTIGATION SERVICES IN C.

Principal Place of Business

~~11035 S. OCEAN DRIVE~~
~~JENSEN BEACH FL 34957~~

Mailing Address

~~11035 S. OCEAN DRIVE~~
~~JENSEN BEACH FL 34957~~

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

REINSTATEMENT

11-15-96

2. New Principal Office Address, If Applicable 1504 SE Royal Green Cir. Suite, Apt. #, etc. Apt C104 City & State Port St. Lucie Florida Zip 34952 Country U.S.		3. New Mailing Office Address, If Applicable P.O. Box 7576 Suite, Apt. #, etc. Port St. Lucie FL City & State Port St. Lucie Florida Zip 34985 Country U.S.		4. Date Incorporated or Qualified To Do Business in Florida 08/23/1985	
5. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Raymond F. Callahan Sr.	1504 SE Royal Green Cir Apt C104	Port St. Lucie FL 34952
VP	Kathleen P Callahan	1504 SE Royal Green Circle Apt C104	Port St. Lucie FL 34952
T	Raymond F Callahan Jr.	1504 SE Royal Green Cir Apt C104	Port St. Lucie FL 34952
S	Roseann B. Callahan	1504 SE Royal Green Cir. Apt. C104	Port St. Lucie FL 34952
			300002009203--4 -11/20/96--01015--001 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

CALLAHAN, RAYMOND F
~~11035 S. OCEAN DRIVE~~
~~JENSEN BEACH FL 34957~~

9. Name and Address of New Registered Agent

Name
Callahan, Raymond F
Street Address (P.O. Box Number is Not Acceptable)
1504 SE Royal Green Cir.
Suite, Apt. #, Etc.
C104
City
Port St. Lucie State
FL Zip Code
34952

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 **Nov. 7, 1996**

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: **Raymond F Callahan** 11/7/96 561-398-9004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #