

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 20 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000065816**

1. Corporation Name

NATIONAL DETECTIVE SERVICE, INC.

Principal Place of Business

Mailing Address

~~928 SW 82 AVE.~~
MIAMI FL 33144

~~928 SW 82 AVE.~~
MIAMI FL 33144

Handwritten initials



REINSTATEMENT 03-04

If above addresses are incorrect in any way, line 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

08/24/1995

Suite, Apt. #, etc.
305

Suite, Apt. #, etc.
305

5. FEI Number

65-0632614

Applied For

Not Applicable

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33174 USA

Zip Country
33174 USA

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	FERNANDEZ, LEIF	928 SW 82 AVE. 8700 WEST FLAGLER STREET # 305	MIAMI FL 33144-74

200027892692
01/29/04--01060--007 **908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VINSON, STEPHEN L
1200 BRICKELL AVE
#1680
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Handwritten signature of Leif Fernandez

REGISTERED AGENT MUST SIGN

Date

1/16/04

11. 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:

Handwritten signature of Leif Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/04
Date

305-387-7173
Daytime Phone #

CR2E040 (7/03)