

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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

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

8700 WEST FLAGLER ST.

8700 WEST FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305

305

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

Zip

Country

Zip

Country

33174

USA

33174

USA

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FERNANDEZ, LEIF	928 SW 82 AVE. 8700 WEST FLAGLER STREET	MIAMI FL 33144-74 # 305

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/04
Date

305-387-7173
Daytime Phone #

FILED
04 JAN 20 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1995

5. FEI Number

65-0632614

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E040 (7/03)