

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -6 PM 4:29

DOCUMENT # P96000024163

1. Corporation Name

SPECIAL INVESTIGATIONS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

513 CENTRAL AVE W
WINTER HAVEN FL 33880

295 E PARK LANE
LAKE ALRED FL 33850

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

2. New Principal Office Address, If Applicable

295 E Park Lane
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO Box 740
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/14/1996

5. FEI Number

59-3372794

Applicable

Not Applicable

City & State

LK Alfred, FL

City & State

LK Alfred, FL

Zip
33850

Country

USA

Zip
33850

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WORKMAN, THOMAS J	295 E PARK LANE	LAKE ALRED FL 33850

100004547491--2

-08/21/01--01072--014

****900.00 ****900.00

8. Name and Address of Current Registered Agent

RAFOOL, BRANDON J
1519 THIRD ST SE
WINTER HAVEN FL 33880

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7/30/01

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

Date

Daytime Phone #

CR2E040 (8/00)