APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000088486

1. Corporation Name

Omega Investigative Services, Inc.

Principal Place of Business — Mailing Address

400 S.W. 107 Ave #307
Miami, Fl. 33174

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

REINSTATEMENT 98-00

2. New Principal Office Address, If Applicable: Same
Suite, Apt. #, etc.
City & State
Zip — Country

3. New Mailing Office Address, If Applicable: Same.
Suite, Apt. #, etc.
City & State
Zip — Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0796984 — Applied For / Not Applicable

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Estevan Echevarria	400 S.W. 107 Ave #307	Miami, Fl. 33174

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LS

8. Name and Address of Current Registered Agent

Lindsay Dunkley
717 Ponce De Leon Blvd. #310
Coral Gables, Fl. 33134

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: ☒ — Date 11/2/00

REGISTERED AGENT MUST SIGN

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: ☒ Estevan Echevarria — Estevan Echevarria — 11/2/00 — (305) 461-4460