

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 JUN -8 PM 3: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000042448

1. Corporation Name CEO DETECTIVE AGENCY, INC.

Principal Place of Business 4243 SUNBEAM RD., SUITE 3 JACKSONVILLE FL 32257-8975 Mailing Address 4243 SUNBEAM RD., SUITE 3 JACKSONVILLE FL 32257-8975



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 05/07/1998; 5. FEI Number 59-3517314; 6. CERTIFICATE OF STATUS DESIRED \$9.75 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry for Thomas M. MARTIN, 4243 Sunbeam Rd #3, Jacksonville, FL 32257.

300003305023--5 -05/26/00--01140--004 *** 408.75 *** 908.75

REINSTATEMENT 99 00

8. Name and Address of Current Registered Agent

PLEIMAN & COMPANY, PA 9140 GOLFSIDE DR., SUITE 1 JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name, Street Address, 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 [Signature] REGISTERED AGENT MUST SIGN Date 3-2-08

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3-2-08 Daytime Phone # 904-636-9032

CR2E040 (8/99)