

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000081400

**FILED**  
**Feb 22, 2009**  
**Secretary of State**

**Entity Name:** NATIONAL INVESTIGATIVE SERVICES CORPORATION

**Current Principal Place of Business:**

1108 10TH STREET  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

2004 JAFFA DRIVE  
SUITE  
ST. CLOUD, FL 34771

**Current Mailing Address:**

1108 10TH STREET  
ST. CLOUD, FL 34769

**New Mailing Address:**

2004 JAFFA DRIVE  
SUITE  
ST. CLOUD, FL 34771

**FEI Number:** 59-3565228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIEVERS, VICKY  
6281 BASS HWY  
ST. CLOUD, FL 34771 US

**Name and Address of New Registered Agent:**

SIEVERS, STEVEN A  
6281 BASS HWY  
ST. CLOUD, FL 34771 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVEN A. SIEVERS

02/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SIEVERS, STEVEN  
Address: 6281 BASS HWY  
City-St-Zip: ST. CLOUD, FL 34771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SIEVERS, STEVEN A  
Address: 6281 BASS HWY  
City-St-Zip: ST. CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN A. SIEVERS

P

02/22/2009

Electronic Signature of Signing Officer or Director

Date