

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION 00 UBR	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000072973

1. Corporation Name

LAW ENFORCEMENT CONSULTING, INC.

Principal Place of Business

Mailing Address

8355 134TH STREET, N.
SEMINOLE FL 33776-3102

8355 134TH STREET, N.
SEMINOLE FL 33776-3102



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 08/11/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3594360	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	LEEDY, LEONARD W III	8355 134TH STREET, N.	SEMINOLE FL 33776

100003440381-4
-10/26/00--01083--004
****150.00 ****150.00

10/1/25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORSMEIER, JOSEPH A
2655 MCCORMICK DRIVE
CLEARWATER FL 33759

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

Joseph A. Corsmeier

REGISTERED AGENT MUST SIGN

Date

10/16/00

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:

Joseph A. Corsmeier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00

Date

727-397-6882

Daytime Phone #

CR2E040 (8/00)

Law Enforcement Consulting
8355 134 St N
Seminole, FL 33776

397-9112

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Good Morning,

I just received the "Notice of Administrative Dissolution or Revocation". I called and spoke with one of your personnel. I explained my situation and they advised that I write this letter.

I have had the corporation for just over one year and I never received the notice for previous report. I was further advised to include the \$150.00 Fee.

Thank you,



Leonard W. Leedy III.