

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000073687

1. Entity Name  
COUNTER INTELLIGENCE TECHNOLOGIES, INC.



Principal Place of Business  
1359 BEVILLE ROAD  
DAYTONA BEACH, FL 32119

Mailing Address  
1575 AVIATION CTR. PKWY.  
#508  
DAYTONA BEACH, FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252005 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3592396

Applied For  
(Not Applicable)

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAGGERSON, LAUREN K  
1575 AVIATION CTR. PKWY., #508  
DAYTONA BEACH, FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME FROMM, ANITA  
STREET ADDRESS 1036 POCATELLA CT  
CITY-ST-ZIP PORT ORANGE, FL 32129 ☐ Delete

TITLE  
NAME 900054212449 ☐ Change ☐ Addition  
STREET ADDRESS 05/10/05--01054--016 \*\*300.00  
CITY-ST-ZIP

TITLE D  
NAME BAGGERSON, LAUREN K  
STREET ADDRESS 1575 AVIATION CTR PKWY #508  
CITY-ST-ZIP DAYTONA BEACH, FL 32114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MOLINA, OSVALDO  
STREET ADDRESS 1359 BEVILLE ROAD  
CITY-ST-ZIP DAYTONA BEACH, FL 32119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Lauren K. Baggerson

SIGNATURE:

Lauren K. Baggerson, Director

4-26-05

386/258-8789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

FILED

05 MAY -2 PM 5:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

