

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000085778**

1. Corporation Name

**Investigation & Research
Services, Inc.**

W02-31046

REINSTATEMENT 00-02

900008583589

10/25/02--01011--012 **900.00

11/05/02 01105 022 \$150.00

2. Principal Office Address

P.O. Box 2166

3. Mailing Office Address

P.O. Box 2166

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Apopka, FL

Zip

32704

Country

USA

Zip

32704

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-27-99

5. FEI Number

59-3404484

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gregg F. Swift

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

1752 W. Marshall Lake Drive

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Gregg F. Swift
REGISTERED AGENT MUST SIGN

Date

11-19-02

10-22-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D/ T/S	Gregg F. Swift	1752 W. Marshall Lake Dr.	Apopka, FL 32703

10. 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:

Gregg F. Swift
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/19/02
10/22/02

Daytime Phone #

407.443-9888

CR2001 (9/01)