

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

REINSTATEMENT 06-03

800025969818  
01/05/04--01017--018 \*\*450.00

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P99000042465</b>			
<b>1. Corporation Name</b> Wolf Investigative Specialists Inc.			
<b>2. Principal Office Address</b> 38333 CR 439		<b>3. Mailing Office Address</b> 38333 CR 439	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> EUSTIS FL		<b>City &amp; State</b> EUSTIS FL	
<b>Zip</b> 32736	<b>Country</b> USA	<b>Zip</b> 32736	<b>Country</b> USA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b> 59-3607104	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> STEPHANIE SMITH		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 38333 CR 439		
<b>Suite, Apt. #, Etc.</b>		
<b>City</b> EUSTIS	<b>State</b> FL	<b>Zip Code</b> 32736

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

*Stephanie Smith*

REGISTERED AGENT MUST SIGN

Date 12/24/03

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	Lesleigh Hopkins	PO Box 181724	Cassalberry FL 32718
S+V	Stephanie Smith	38333 CR 439	EUSTIS FL 32736

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:

*Stephanie Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/03 (352)2588117  
Date Daytime Phone #

45806

CR2E081 (10/02)



## **Wolf Investigative Specialists, Inc.**

**Lic. # A8800142 - Insured**

**P. O. Box 181724 Casselberry, FL 32718**

**(352) 483-4344**

December 22, 2003

To Whom It May Concern:

We respectfully request that the additional fees for reinstatement be waived as we did not receive any mailings at this address in reference to our corporate status. We inadvertently allowed our status to fall into inactive and have attached a request for reinstatement as well as a check for \$450.00 as directed your office.

We thank you in advance for your time and consideration in this manner.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Smith".

Stephanie Smith  
Vice President/Secretary  
(352)258-8117