PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
99 NOV -8 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S00939

1. Corporation Name

GOLD SHIELD INVESTIGATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
1729 DYER POINT RD PALM CITY FL 34990 US	2019 SW WOODSIDE WAY PALM CITY FL 34990

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
Suite, Apt. #, etc.	1729 SW Dyer Point Rd Suite, Apt. #, etc.
City & State	City & State: Palm City FL
Zip / Country	Zip: 34990 / Country: MARTIN

4. Date Incorporated or Qualified To Do Business In Florida: 09/17/1990

5. FEI Number: 65-0225283 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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	ALAGNA, PHILIP V	1729 DYER POINT RD	PALM CITY FL 34990
D	LADIMIR, ROBERT	12833 SUGAR CREEK BLV	HUDSON FL

800000304635O--4
-11/16/99--01097--011
*****150.00 *****150.00

8. Name and Address of Current Registered Agent

ALAGNA, PHILIP V
1729 DYER POINT RD
PALM CITY FL 34990

9. Name and Address of New Registered Agent

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: Philip V. Alagna REQUIRED Date: 10/22/99
REGISTERED AGENT MUST SIGN

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: Philip V. Alagna REQUIRED 10/22/99 (561) 286-B93
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6007720 AP

GOLD SHIELD
Investigative Services, Inc.

November 5, 1999

Ms. Michelle Milligan
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Milligan:

Pursuant to our conversation this date, inclosed please fine my application for reinstatement and my check for $150.00.

I request that the penalties be waved due to an incorrect address.

Thank you for your assistance in this matter.

Sincerely,

Philip V. Alagna

Philip V. Alagna
Director

PVA/da

P.O. Box 7299
Hudson, Florida 34674-7299
Telephone # (727) 856-7556
FAX # (727) 856-6501

OFFICES IN

P.O. Box 3076
Stuart, Florida 34995-3076
Telephone # (561) 286-1393
FAX # (561) 288-0342

PERSONAL AND CONFIDENTIAL