

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
98 AR
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 18 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V71817

1. Corporation Name

CLASS ACTION DETECTIVE AGENCY INC.

Principal Place of Business

13435 W. HILLSBOROUGH AVE
TAMPA FL 33635
US

Mailing Address

P.O. BOX 819
OLDSMAR FL 34677



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1992

5. FEI Number

59-3159597

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	BUCHANAN, ALAN S.	13435 W. HILLSBOROUGH AVE	TAMPA FL 33635

100002694921--3
-11/24/98-01020-011
****150.00 ****150.00

8. Name and Address of Current Registered Agent

BUCHANAN, ALAN S.
13435 W. HILLSBOROUGH AVE
TAMPA FL 33635

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11-16-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-16-98 (813)814-0808

Note to State Official,

Our records indicate we submitted a check for \$150⁰⁰ on 3-19-98 along with the annual filing fee. Research indicates the check did not clear the bank.

After discussing this with your office by telephone, I was instructed to submit the Reinstatement form along with another check for \$150⁰⁰ which is attached.

Please call me if you have any questions or need further documentation. Thank you for your assistance.

Alan S. Buchanan
President CADA -