

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # V71817

1. Corporation Name

CLASS ACTION DETECTIVE AGENCY INC.

00 NOV -9 PM 6:36

Principal Place of Business

Mailing Address

13435 W. HILLSBOROUGH AVE
TAMPA FL 33635
US

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3159597

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	BUCHANAN, ALAN S.	13435 W. HILLSBOROUGH AVE	TAMPA FL 33635
			400003481944--7
			-11/30/00--01101--004
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

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

Alan S. Buchanan

REGISTERED AGENT MUST SIGN

Date 11-6-00

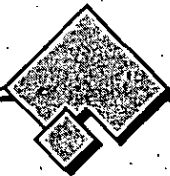
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

Alan S. Buchanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-00 813-814-0808
Date Daytime Phone #

CLASS
DETECTIVE



ACTION
AGENCY INC.

✓ 71817

November 6, 2000

Division of Corporations
Annual Report/Reinstatement Section
Post Office Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

As instructed by telephone today, I am submitting this letter a request the the reinstatement fee of \$600.00 per corporation be waived for Class Action Detective Agency, Inc. and for Buchanan Fish Company, Inc. Both companies do business out of the same address (13435 West Hillsborough Avenue, Tampa, Florida, 33635).

The only notice we received this year was the one advising of the administrative dissolution. Enclosed are two checks, one from each corporation in the amount of \$150.00. Please contact me at 813-814-0808 (office) or 813-918-8501 (cell) if you have any questions. Thank you.

Very truly yours,

Alan S. Buchanan
President

ASB:drm

Enclosures