

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 30 PM 3: 01

DOCUMENT # **F99000005065**

1. Corporation Name

**US INVESTIGATIONS SERVICES, PROFESSIONAL SERVICE
S DIVISION, INC.**

Principal Place of Business

Mailing Address

1953 GALLOWES ROAD, SUITE 810
VIENNA VA 22182-3934

1953 GALLOWES ROAD, SUITE 810
VIENNA VA 22182-3934



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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/01/1999	
City & State		City & State		5. FEI Number	
Zip		Country		54-1076624	
				Applied <input checked="" type="checkbox"/> SP Not Applicable <input type="checkbox"/>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	KIM, ARTHUR ANTHONY J. GALLO	1953 GALLOWES ROAD, SUITE 810	VIENNA VA 22182
VSD	SEATON, OWEN B	1137 BRANCHTON RD	ANNANDALE PA 16018
VTD	SWEENEY, PHILLIP	1137 BRANCHTON RD	ANNANDALE PA 16018
D	HARPER, PHILLIP	1137 BRANCHTON RD	ANNANDALE PA 16018
			600004659226--1

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 *ANTHONY J. GALLO* **SIGNATURE REQUIRED** Date 10/29/01
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: *ANTHONY J. GALLO* **SIGNATURE REQUIRED** Date October 15, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)



ACCOUNT NO. : 072100000032

REFERENCE : 239830 5039022

AUTHORIZATION

Patricia Pizut

COST LIMIT : \$ 750.00

ORDER DATE : October 29, 2001

ORDER TIME : 10:05 AM

ORDER NO. : 239830-005

CUSTOMER NO: 5039022

CUSTOMER: Ms. Larue Enright
Us Investigations Services,
1137 Branchton Road

Annandale, PA 16018-0026

RECEIVED
01 OCT 30 AM 11:33
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: US INVESTIGATIONS SERVICES,
PROFESSIONAL SERVICES DIVISION
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS _____