

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000127089**

1. Corporation Name

**C2 INTELLIGENCE AND TRAINING, INC.**

Principal Place of Business

Mailing Address

10596 NINA ST N.  
LARGO FL 33778

10596 NINA ST N.  
LARGO FL 33778

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.

**11833 88 AVE N**

Suite, Apt. #, etc.

**P.O. Box 4733**

City & State

**SEMINOLE FL**

City & State

**SEMINOLE FL**

Zip

**33772**

Country

**USA**

Zip

**33775-4733**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/03/2002**

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

**03**

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
<b>PRESIDENT</b>	<b>RICHARD M DUNLEAVY JR</b>	<b>11833 88 AVE N.</b>	<b>SEMINOLE FL 33778</b>

300023818273  
10/15/03 01055 001 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DUNLEAVY, RICHARD M JR.**  
**10596 NINA ST N.**  
**LARGO FL 33778**

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. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

**10/14/03**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/14/03**

**327**

**397-3287**

Daytime Phone #

CR2040 (7/03)



**INTELLIGENCE & TRAINING, INC.**  
CORPORATE COUNTER-INTELLIGENCE & TRAINING

P.O.Box 4733  
Seminole, FL 33775-4733  
Phone: 727.397.3281

E-mail:  
mdunleavy@C2Intelligence.com

October 14, 2003

Department of State  
Division of Corporations  
409 East Gaines St  
Tallahassee, FL 32399

To Whom It May Concern:

I registered the company on 12/03/02, but did not receive a Business Report Request until just now. I have been on Military Active Duty status supporting OPERATION IRAQI FREEDOM and OPERATION ENDURING FRREDOM and was just released back to reserve status last month.

I respectfully request a waiver of the \$600 fee for Reinstatement and submit a \$150 check and the proper form. I appreciate your consideration.

Sincerely,

Michael Dunleavy  
President

/de