

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAY 21 PM 12:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000006085

1. Corporation Name

TRANSCONTINENTAL SECURITY INC  
dba / TSI

2. Principal Office Address - No P.O. Box #

1418 W I65 SERVICE RD

Suite, Apt. #, etc.

N/A

City & State

MOBILE, ALABAMA

Zip

36693

Country

MOBILE

3. Mailing Office Address

1418 W I65 SERVICE RD

Suite, Apt. #, etc.

N/A

City & State

MOBILE, ALABAMA

Zip

36693

Country

MOBILE

600156277266

05/21/09--01014--018 \*\*1208.75

REINSTATEMENT 06-09

4. Date Incorporated or Qualified  
To Do Business in Florida

12-6-02

5. FEI Number

63-1263647

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MITZI SEARCY

Street Address (P.O. Box Number is Not Acceptable)

4216 JADE LOOP

Suite, Apt. #, Etc.

City

DESTIN

State

FL

Zip Code

32541

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Mitzi Searcy*  
REGISTERED AGENT MUST SIGN

Date 5-20-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES. SEC.	J. SCOTT MOORE	4175 HERON LAKES DR.	MOBILE / AL / 36693
V.P. TREAS.	MARK C. MOORE	7567 WILLOW CIRCLE	MOBILE / AL / 36695

10. 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 contained in Chapter 119, 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:

*Mark C. Moore*

MARK C. MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-09

Date

(251) 662-0500

Daytime Phone #

05/22/09