

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # J54786

1. Corporation Name

TOTAL ADVISORS, INC.

Principal Place of Business

927 RIDGECREST ROAD  
ORLANDO FL 32806-6340  
US

Mailing Address

P.O. BOX 560364  
ORLANDO FL 32856

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

2. New Principal Office Address, If Applicable

6139 Greatwater Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Wintermere, FL

Zip 34786

Country US

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/1987

5. FEI Number

59-2776595

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	VARRAUX, ALAN, M.D.	927 RIDGECREST RD	ORLANDO FL 32806
D	VARRAUX, LORRAINE	927 RIDGECREST RD	ORLANDO FL 32806
			800004693848--8 -11/26/01--01080--007 ****308.75 ****308.75

8. Name and Address of Current Registered Agent

VARRAUX, ALAN R MD  
60 WEST COLUMBIA STREET  
STE. F  
ORLANDO FL 32806

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 R. Varraux* President  
REGISTERED AGENT MUST SIGN

Date

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 R. Varraux* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (800)