

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  
DIVISION OF CORPORATIONS  
01 OCT 29 AM 9:50

DOCUMENT # **P00000090451**

1. Corporation Name

**TOTAL SECURITY GROUP, INC.**

Principal Place of Business

Mailing Address

**6026 SW 129TH AVENUE  
MIAMI FL 33183**

**6026 SW 129TH AVENUE  
MIAMI FL 33183**

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

**09/25/2000**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State  
**MIAMI FL**

City & State

Zip

Country

Zip

Country

**33186 DADE**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>1/0</b>	<b>DIAZ RUBEN JR</b>	<b>6026 S.W. 129TH AVE</b>	<b>MIAMI, FL 33183</b>

**100004685931--9**  
**-11/16/01--01082--024**  
**\*\*\*\*750.00 \*\*\*\*750.00**

**10/15**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DIAZ RUBEN JR**  
**6026 SW 129TH AVENUE**  
**MIAMI FL 33183**

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

**DIAZ RUBEN JR**

REGISTERED AGENT MUST SIGN

Date

**10-23-01**

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:

**DIAZ RUBEN JR**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-23-01**