

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL 16 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P00000096309

**1. Corporation Name**

TOTAL QUALITY SOLUTIONS, INC.

RECEIVED 07-03

900021589149  
07/16/03--01037--009 \*\*900.00

**2. Principal Office Address**

3030 N. ROCKY PT. DR. W

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

770

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33607

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

593686543

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

STEVEN G. WENZEL

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

633 N. FRANKLIN ST

Suite, Apt. #, Etc.

500

City

TAMPA

State

FL

Zip Code

33602

**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

*Steven G. Wenzel*

Date

7-8-03

REGISTERED AGENT MUST SIGN

**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
PD	WINSTON WALLIS	3030 N. ROCKY PT. DR. W #770	TAMPA, FL 33607
VPD	STANLEY ASWELL	3030 N. ROCKY PT. DR. W #770	TAMPA, FL 33607
SD	STEVEN WENZEL	3030 N. ROCKY PT. DR. W #770	TAMPA, FL 33607

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-03

Date

813-224-0431

Daytime Phone #

CR2E081 (10/02)

91 7/16