

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000031268

1. Entity Name  
TOTAL ACCESS SYSTEMS OF FLORIDA, INC.



FILED

04 NOV -9 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
122 S FAIRVIEW AVE  
DELAND, FL 32774

Mailing Address  
122 S FAIRVIEW AVE  
DELAND, FL 32774

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



07/14/04 90005 043 \$150.00  
10262004 REIN-P CR2E098 (6/04)

4. FEI Number  
55-0825152

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUTLER, RONALD  
1172 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME LUCIA, SCOTT C  
STREET ADDRESS 233 N. GRIFFIN DRIVE  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500042836805  
11/17/04--01045--022 \*\*\$8.75

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT C. LUCIA

Date

Daytime Phone #

10-26-04

407-383-2247

Total Access Systems of Florida, Inc.  
Scott Lucia  
122 S. Fairview Avenue  
Deland, FL 32724

October 26, 2004

Re: Corporate Document# P0300031268; Application for Reinstatement  
Total Access Systems of Florida, Inc.

Dear Sir or Madam:

I am writing to inform you that I never received the correspondence you sent me dated 7/15/04, advising me that the Annual Report I submitted for Total Access Systems, Inc. needed correction. Enclosed please find an Application for Reinstatement with the correct information. I have also attached a copy of check #2086 in the amount of \$150, which you already cashed as payment in July. Please send me confirmation of the reinstatement of Total Access Systems of Florida, Inc. at your earliest convenience. Thank you for your assistance. Also enclosed is a check for \$8.75 for certificate of status.

Sincerely,

Scott Lucia  
Total Access Systems of Florida, Inc.