

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1998 NOV 30 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086583

1. Corporation Name

TOTAL QUALITY ASSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

1185 WESTSHORE
230
TAMPA FL 33609
US

1185 WESTSHORE
230
TAMPA FL 33609
US

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



2. New Principal Office Address, if Applicable
4010 Boy Scout Blvd.

3. New Mailing Office Address, if Applicable
4010 Boy Scout Blvd.

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1994

Suite, Apt. #, etc.
Suite 585

Suite, Apt. #, etc.
Suite 585

5. FEI Number

59-3283970

Applied For

Not Applicable

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33607

Country
US

Zip
33607

Country
US

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	CASTROMAN, GABRIELA	5201 W KENNEDY BLVD SUITE 604	TAMPA FL 33609
		4010 Boy Scout Blvd. #585	Tampa, FL 33607

REINSTATEMENT '98
SCC
11-30-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOODWIN, JAMES W ESQ
111 E MADISON ST SUITE 2300
TAMPA FL 33602

Name

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

9000002705299--3

Suite, Apt. #, Etc.

-12/07/98--01160--019

City

****750.00

State

Zip Code

FL

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/20/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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

Gabriela Castroman President

11/19/98 813-874-7717
Date Daytime Phone #

CR20040 (9/98)