

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

00 OCT 17 PM 12:39

DOCUMENT # P95000047856

1. Corporation Name

TOTAL SECURITY CONSULTANTS, INC.

Principal Place of Business

Mailing Address

2550 NW 72 AVE  
#107  
MIAMI FL 33122

2550 NW 72 AVE  
#107  
MIAMI FL 33122

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/1995

5. FEI Number

65-0596649

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DE JESUS VERA LEON, JOSE	2550 NW 72 AVE #107	MIAMI FL 33122
V	DE VERA, MYRIAM P	2550 NW 72 AVE #107	MIAMI FL 33122
V	VERA POLANCO, DIEGO F	2550 NW 72 AVE #107	MIAMI FL 33122
V	VERA POLANCO, MYRIAM P	2550 NW 72 AVE #107	MIAMI FL 33122

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINANCIAL INTERLINK, CORP.  
2550 NW 72 AVE  
#107  
MIAMI FL 33122

Name

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

Suite, Apt. #, Etc.

City

3000003440313-6

-10/26/00-01052-001

\*\*\*750.00 Date 10/11/00

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/11/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT: 10/11/00 (305) 599-1093

Date

Daytime Phone #

CR2E040 (8/00)