

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR



FLORIDA SECRETARY OF STATE  
Sandra M. Manning  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 SEP 15 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 996000037165

1. Corporation Name

Total Integrated Solutions, Inc.

Principal Place of Business

Mailing Address

954 Bolender Drive  
Delray Beach FL 33483

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

April 25 1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0741538

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
pres.	John B. Cassenly	954 Bolender Dr. Delray	Delray Bch FL 33483
Sec			
Treas.			

300002295913--1  
-09/17/97--01092--013  
\*\*\*\*165.00 \*\*\*\*165.00

10/16/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Richard C. Bagdasarian, Esq.  
1800 Corporate Blvd. N.W. St 302  
Boca Raton, FL 33431

Name

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

Suite, Apt. #, Etc.

City

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]

REGISTERED AGENT MUST SIGN

Date

9/12/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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

[Signature]

9.10.97

Date

561.272.0797

Daytime Phone #

CR2E040 (12/96)