

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000086080

1. Corporation Name

TACTICAL TRAINING CENTER, INC.

Principal Place of Business

Mailing Address

~~88 FONSECA AVENUE~~  
~~CORAL GABLES FL 33134~~

~~88 FONSECA AVENUE~~  
~~CORAL GABLES FL 33134~~

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

2. New Principal Office Address, If Applicable

311 Ponce De Leon Blvd

Suite, Apt. #, etc.

City & State

Coral Gables FL

Zip 33134

Country USA

3. New Mailing Office Address, If Applicable

311 Ponce De Leon Blvd

Suite, Apt. #, etc.

City & State

Coral Gables FL

Zip 33134

Country USAA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

10/16/1996

5. FEI Number

65-0713877

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	MACIAS, ALEJANDRO	<del>88 FONSECA AVE</del> 311 Ponce De Leon Blvd	CORAL GABLES FL 33134
VP	QUINTERO, <del>JANE</del> JOSE	15836 SW 15TH ST	PEMBROKE PINES FL 33027
T	QUINTERS, MARIELYS	15836 SW 15TH ST	PEMBROKE PINES FL 33027
S	<del>MARCAS, JANNE</del> MACIAS	<del>88 FONSECA AVE</del> 311 Ponce De Leon Blvd	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

MACIAS, ALEJANDRO

~~88 FONSECA AVENUE~~ 311 Ponce De Leon Blvd  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300002832359-1

04/07/99-01073-021

\*\*\*\*900.00

\*\*\*\*900.00

State

FL

Zip Code

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: 3-30-99

11. This corporation ~~owns~~ 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

ALEJANDRO MACIAS

3-30-99

(205) 9753889

Date

Daytime Phone #

CR2E040 (9/96)