

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000087293

1. Corporation Name

CERTIFIED TACTICAL SERVICE'S INC.

Principal Place of Business

Mailing Address

2301 LAKE RD.
FERN PARK FL 32730

2301 LAKE RD.
FERN PARK FL 32730

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/1998

SP

5. FEI Number

59-3001702

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Annual Fee required
for each corporation or business

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
DP	SONGER, CAROL A	2301 LAKE RD.	FERN PARK FL 32730

9800003060519-1
-12/03/99--01095--017
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SONGER, CAROL A
2301 LAKE RD.
FERN PARK FL 32730

Name

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

Suite, Apt. #, Etc.

City

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

Carol Songer REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/18/99

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:

Carol Songer REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/99 (407) 331-8401
Date Daytime Phone #

CR2504G (8/99)