

9/25/2017

Division of Corporations

F17000004302

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

2017 SEP 26 PM 12:54

TALLAHASSEE, FLORIDA

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17 SEP 26 AM 10:14
DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
COMPLEAT RESTORATION & CONSTRUCTION CO., INC.**

Please use
original file
date of
9/25/17.
Thank you

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Compleat Restoration and Construction Co., Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James Voulopos

Name of Person

COMPLEAT RESTORATION & CONSTRUCTION CO., INC.

Firm/Company

702 Pointview Avenue

Address

Ephrata PA 17522

City/State and Zip code

jvoulopos@compleatrestorations.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alonn Williams

at (518) 451-8035

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. COMPLEAT RESTORATION & CONSTRUCTION CO., INC.
 (Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Pennsylvania 3. _____
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/29/1984 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. n/a
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 702 Pointview Avenue, Ephrata PA 17522
 (Principal office address)

 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
 (City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Jenifer Vincent VP/Asst Sec

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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 DIVISION OF

~~Here Names and business addresses of officers and/or directors:~~

A. DIRECTORS

Chairman: Clifford Ellis

Address: 702 Pointview Ave.
Ephrata, PA 17522

Vice Chairman: Lucille Ellis

Address: 702 Pointview Ave.
Ephrata, PA 17522

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Clifford Ellis

Address: 702 Pointview Ave.
Ephrata, PA 17522

Vice President: Lucille Ellis

Address: 702 Pointview Ave.
Ephrata, PA 17522

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Remitt Ellis

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Lucille Ellis

Director

(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

09/20/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

COMPLEAT RESTORATION & CONSTRUCTION CO., INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes
Secretary of the Commonwealth

Certification Number: TSC170920151433-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

850-617-6381

9/26/2017 11:11:07 AM PAGE 1/001 Fax Server



September 26, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: COMPLEAT RESTORATION & CONSTRUCTION CO., INC.
REF: W17000076562

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H17000251066
Letter Number: 917A00019409

2017 SEP 26 PM 12:54

TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314