

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 DEC 31 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K61334

1. Corporation Name

COMPLETE AUTOMOTIVE SERVICES, INC.

2. Principal Office Address

4480 Domestic Ave

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34104

Country

USA

3. Mailing Office Address

4480 Domestic Ave

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34104

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-27-89

5. FEI Number

65-0110383

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

A. Eric Anderson

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

350 Fifth Ave South

Suite, Apt. #, Etc.

200

City

Naples

State

FL

Zip Code

34102

500004764865-9

-01/10/02--01040--004

*****2100.00 ***2100.00**

LS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-2-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Names of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P S T V D	David Lobdell	4480 Domestic Ave	Naples, FL 34104

10. 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

David Lobdell

Date

11-2-01

941-643-5633

Daytime Phone #

CR2001 (9/00)