

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -9 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005579

1. Limited Liability Company's Name

The Complete Financial Group, LLC

9/29/2008
1387.50
wop

400160670234
09/15/09--01013--003 **1253.75
400160670234
10/09/09--01024--005 **138.75

2. Principal Office Address - No P.O. Box #
112 Lakeview Way

Suite, Apt. #, etc.

City & State
Oldsmar FL

Zip Country
34677 USA

3. Mailing Office Address
3438 East Lake Road

Suite, Apt. #, etc.

Suite 14 PMB 604

City & State
Palm Harbor FL

Zip Country
34695-2402 USA

4. State/Country of Formation

Florida/ USA

**5. Date Organized or Qualified
To Do Business in Florida**

September 7, 1999

6. FEI Number

65-0947102

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Stanley F Fidrych Jr

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

Suite, Apt. #, Etc.

City
Oldsmar

State Zip Code
FL 34677

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Stanley F. Fidrych Jr
REGISTERED AGENT MUST SIGN

Date 08/17/2009

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Stanley F Fidrych Jr	112 Lakeview Way	Oldsmar, FL 34677

REINSTATEMENT

Without Penalty

2000, 01, 02, 03, 04, 05,
06, 07, 08 & 2009

10/9/09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Stanley F. Fidrych Jr

Date 08/17/2009

Daytime Phone # 7272045093

Typed or printed name of signing Managing Member/Manager Stanley F Fidrych Jr