

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 13 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100021590501  
05/25/04--01010--011 \*\*\$61.25

07-16-03 01049 002 \$358.75  
01-04

DOCUMENT # N00000007489

1. Corporation Name

Completely Loved, Inc.

2. Principal Office Address

12207 SW 144 Terr

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

3. Mailing Office Address

12207 SW 144 Terr

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/09/2000

5. FEI Number

NONE

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

Iris Luster

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

12207 SW 144 Terr.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

Iris Luster

REGISTERED AGENT MUST SIGN

Date May 19, 2004

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Iris Luster	12207 SW 144 Terr	Mia, FL 33186
VSD	Alicia Thompson	2780 NW 211 St	Mia, FL 33082
D	Patricia Tucker	8318 S. Ave	Bartow, FL 33830
D	Dwight Thompson	13088 SW 49th Court	Mia, FL 33025
			1000215 90501

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

Iris Luster

Date

May 19, 2004

Daytime Phone #

786-317-3468

CR2001 (01/04)