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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -9 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000057522

1. Corporation Name

KOMplete HOUSECARE SERVICE INC.

2. Principal Office Address

197 AMBROSE DR.

Suite, Apt. #, etc.

3. Mailing Office Address

197 AMBROSE DR.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL.

City & State

DELRAY BEACH, FL.

Zip

33445

Country

WEST PALM BEACH

Zip

33445

Country

WEST PALM BEACH

4. Date Incorporated or Qualified

To Do Business in Florida 06/14/2000

5. FEI Number

65-1103586

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

200029320832

03/09/04--01061--015 \*\*150.00

01-04

7. Name and Address of Current Registered Agent

Name

ARNOLD V. GREEN

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

197 AMBROSE DR.

Suite, Apt. #, Etc.

City

DELRAY BEACH,

State

FL

Zip Code

33445

REINSTATEMENT

200029320832

02/24/04--01956--007 \*\*185.75

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

*Arnold V. Green*  
REGISTERED AGENT MUST SIGN

Date

02/20/04

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
D	KEENA B. GREEN	197 AMBROSE DR.	DELRAY BEACH, FL. 33445
V	ARNOLD V. GREEN	197 AMBROSE DR.	DELRAY BEACH, FL. 33445

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:

*Keena B. Green* Keena B. Green

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/04

Date

561-330-7378

Daytime Phone #

CFR25081 (01/04)

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 25, 2004

KOMplete HOUSECARE SERVICE INC.  
197 AMBROSE DR  
DELRAY BEACH, FL 33445

SUBJECT: KOMplete HOUSECARE SERVICE INC.  
Ref. Number: P00000057522

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We have received your document for KOMplete HOUSECARE SERVICE INC. and your check(s) totaling \$1058.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$1208.75.

There is a balance due of \$150.00.

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) 245-6059.

Ruby Dunlap  
Document Specialist

Letter Number: 804A00012772