

1004600007981

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

04 MAR -9 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-04

200029320832
03/09/04--01061--015 **150.00

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
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 <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

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

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