


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION 010432 REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P00000085447**

1. Corporation Name

COMPLETE THERAPY SERVICES, INC.

Principal Place of Business

PO BOX 143374
CORAL GABLES FL 33114-3374

Mailing Address

PO BOX 143374
CORAL GABLES FL 33114-3374

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2000

5. FEI Number

Applied For

65-1043222

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CANTO, ZAIDA	PO BOX 143374	CORAL GABLES FL 33114
V	NAVARRETE, STEPHEN A	970 NE 130 ST.	MIAMI FL 33161
V	BLAS J. BUSTAMANTE	P.O. BOX 143374	CORAL GABLES FL 33114
			200004668962--4 -11/06/01--01054--006 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

NAVARRETE, STEPHEN A
970 NE 130 ST.
MIAMI FL 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/2001

Oct-16-01 04:21P

P.02

Complete Therapy Services, Inc.
3930 RIVIERA DRIVE
CORAL GABLES, FL 33134 305-444-4421
October 16th, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Complete Therapy Services, Inc.

Dear Sir/Madam:

The reason for this letter is to explain the following with reference to the above corporation. It was a surprise to receive your notification informing me that Complete Therapy Services, Inc. had been involuntarily dissolved, since I was not in the country due to a close family member being very ill in Chile.

At the same time this corporation is fairly new and has not had many commercial operations during that year.

I would appreciate it if you would please consider waiving the penalty in the amount of \$ 450.00 and reinstating the corporation for the usual annual report fee of \$ 150.00

Thank you for your anticipated courtesy and cooperation in this matter and should you have any further questions or concerns, please feel free to contact me.

I remain,

Very truly yours,


Zaida Canto

ZC:cls

cc: [illegible]

cc: [illegible]

cc: [illegible]

cc: [illegible]

cc: [illegible]

cc: [illegible]