

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000097661

1. Corporation Name

COMPLETE STAFFING, INC.

Principal Place of Business

7071 W. COMMERCIAL BLVD.  
SUITE 2C  
TAMARAC FL 33319

Mailing Address

7071 W. COMMERCIAL BLVD.  
SUITE 2C  
TAMARAC FL 33319

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/2000

5. FEI Number

65-104 9057

Applied For

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	<del>BOTCHEY, FAITH</del>	<del>7071 W. COMMERCIAL BLVD., SUITE</del>	<del>TAMARAC FL 33319</del>
D	<del>RIESS, DOROTHY</del>	<del>7071 W. COMMERCIAL BLVD., SUITE</del>	<del>TAMARAC FL 33319</del>
D	HOLNESS, KAVINE	7071 W. COMMERCIAL BLVD., SUITE	TAMARAC FL 33319

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\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

~~BOTCHEY, FAITH~~ KAVINE E. HOLNESS  
7071 W. COMMERCIAL BLVD.  
SUITE 2C  
TAMARAC FL 33319

9. Name and Address of New Registered Agent

Name KAVINE E. HOLNESS  
Street Address (P.O. Box Number is Not Acceptable)  
7071 W. Commercial Blvd SE  
Suite, Apt. #, Etc.  
Tamarac  
City FL State Zip Code 33319

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]*  
REGISTERED AGENT MUST SIGN

Date 11/26/01

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]* KAVINE E. HOLNESS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/01 mw  
Date Daytime Phone #

CR2ED40 (8/01)

2052

7071 West Commercial Blvd  
Suite 2c  
Tamarac Florida 33319

## Division Of Corporations

November 27, 2001

Florida Department Of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:


Pursuant to our telephone conversation on 11/26/01, enclosed is a money order in the amount of \$150.00 for reinstatement of Complete Staffing Inc.

The only information our office received from the Division Of Corporation is the Certificate Of Administrative Dissolution. We never received a renewal package from your office and we were not aware that we should have received a renewal package.

During my conversation with your office I also informed the representative I spoke with that Dorothy Riess and Faith Botchey are no longer with complete staffing, I was told to cross their names off the sheet and inform your office in writing which I am doing at this time

Thanks for your attention in this matter.

Sincerely,



Kavine E. Holness  
Assistant Administrator