

\$150.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 24 PM 12:55

DOCUMENT # P01000092878S

1. Corporation Name

COMPLETE BUSINESS SOLUTIONS, INC.

2. Principal Office Address

1805 Canova St.

Suite, Apt. #, etc.

Suite 2

City & State

Palm Bay, FL

Zip

32909

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3679050

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

John Holder

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

1805 Canova ST

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32909

MRS

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

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
CEOT	Holder, John	1805 Canova ST	Palm Bay, FL 32909

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

FROM : CBS1040

PHONE NO. : 9568801

Oct. 24 2003 10:06AM PS

October 16, 2003

Pat Bailey
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Doc# P01000092878

Dear Pat:

This letter is in response to the Dissolution of COMPLETE BUSINESS SOLUTIONS, INC. I did not receive a 60 day notice of your intent to dissolve my corporation. I am requesting a wavier of reinstatement and any penalty fees so that this matter can be resolved as soon as possible.

Sincerely,

John Holder