

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED

02 NOV -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000031

1. Corporation Name

COMPLETE BUSINESS SOFT SOLUTIONS, INC.

Principal Place of Business

4271 WILLOW POND CIRCLE
WEST PALM BEACH FL 33458

Mailing Address

4271 WILLOW POND CIRCLE
WEST PALM BEACH FL 33458



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

4. Date Incorporated or Qualified To Do Business in Florida

12/31/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

80-0003091

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD T/S	PALANATI, VENKATA SURESH	4271 WILLOW POND CIRCLE	WEST PALM BEACH FL 33458
VD	MULAKALA, SURESH	4271 WILLOW POND CIRCLE	WEST PALM BEACH FL 33458

500008756045
11/01/02--01044--014 **150.00

8. Name and Address of Current Registered Agent

PALANATI, VENKATA SURESH
4271 WILLOW POND CIRCLE
WEST PALM BEACH FL 33458

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

SIGNATURE REQUIRED

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

10/25/02 (561) 615 4239

Date

Daytime Phone #

CR2E040 (8/02)

Complete Business Soft Solutions, Inc.
4271 Willow Pond Road
West Palm Beach, FL 33417

Florida Department of State
Division of Corporations
409 East Gains Street
Tallahassee, FL 32399

October 24, 2002

To Whom It May Concern:

I did not receive a Uniform Business Report, or any notices that my corporation was going to be dissolved. I have filled out and signed the Corporate Reinstatement form and enclosed a check for \$150.00 for the current year of 2002, as instructed and ask that any fees for reinstatement be waved.

I appreciate any help you can be in this matter. Please call if there are any questions at 561-615-4239.

Sincerely,

A handwritten signature in black ink, appearing to read 'Venkata Suresh Palanati', with the initials 'P.V.' written to the right of the signature.

Venkata Suresh Palanati
President

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0200000031
1. Entity Name
 Complete Business Soft Solutions, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 4271 Willow Pond Cir
 Suite, Apt. #, etc.

3. Mailing Address
 4271 Willow Pond Cir
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 West Palm Beach FL

City & State
 West Palm Beach, FL

Zip
 33458

Country

Zip
 33458

Country

4. FEI Number
 80-0003091

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 Palanati, Venkata Suresh

Street Address (P.O. Box Number is Not Acceptable)
 4271 Willow Pond Circle

City & State
 West Palm Beach FL

Zip
 33458

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

**January 1 - May 1 Fee Is \$150.00
 After May 1, Fee Is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. P/S/T/D OFFICERS AND DIRECTORS

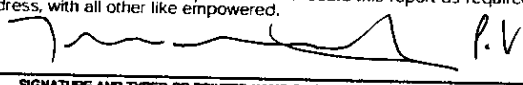
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Palanati, Venkata Suresh 4271 Willow Pond Circle West Palm Beach, FL 33458
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  P.V.

10/25/'02 (561) 615 4239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #