

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000004788

1. Corporation Name

MICHAEL'S COMPLETE REMODELING, INC.

Principal Place of Business

Mailing Address

1424 LOTUS PATH
CLEARWATER FL 33756

1424 LOTUS PATH
CLEARWATER FL 33756

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

REINSTATEMENT 03



100025191621

12/03/03--01047--007 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2002

5. FEI Number

02-0597861

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
Pres	Michael Dipple	1424 Lotus Path	Clearwater, FL 33756
Sec	Christi Dipple	1424 Lotus Path	Clearwater, FL 33756

8. Name and Address of Current Registered Agent

DIPPLE, MICHAEL
1424 LOTUS PATH
CLEARWATER FL 33756

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 of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-26-03

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

11-26-03

Daytime Phone #

CR2E040 (7/03)

Soloski

Tax & Bookkeeping Services, Inc.

3233 East Bay Drive, Suite 106

Largo, Florida 33771

Ph: 727.535.1885

Fx: 727.535.6636

November 26, 2003

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations

RE: Michael's Complete Remodeling, Inc.
1424 Lotus Path
Clearwater, FL 33756
Application for Reinstatement

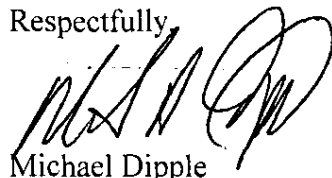
Florida Dept of State,

Michael's Complete Remodeling, Inc. had not received any uniform business notices before receiving the attached Application for reinstatement. Please process this Application for reinstatement along with the fee of \$150.00

We respectfully ask that you waive the \$600.00 reinstatement fee since they had not Received any prior notices.

Thank you for your cooperation in this matter and please call if you have any Additional questions.

Respectfully,



Michael Dipple
President - Michael's Complete Remodeling, Inc.



Donald M. Soloski
Tax Preparer