

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 28 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P02000101092

1. Corporation Name

COMPLETE FLOORING SOLUTIONS
INC.

H020001997509

2. Principal Office Address

4319 CREEKSIDE BLVD

3. Mailing Office Address

REINSTATEMENT 03-04

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE FL.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

SEPTEMBER 18, 2002

5. FEI Number

030500908

Applied For

Not Applicable

Zip

Country

Zip

Country

34746

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GARY REESE

200038480492

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

4319 CREEKSIDE BLVD

06/30/04--01047--004 **300 00

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34746

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

Gary Reese

REGISTERED AGENT MUST SIGN

Date 06/24/04

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
PD	GARY REESE	4319 CREEKSIDE BLVD	KISS. FL. 34746
VP	MICHELLE HARMON	2031 CASCADES BLVD APT# 307	KISS. FL. 34741

06/24/04

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:

Gary Reese

GARY REESE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/24/04

Date

(407) 460-3508

Daytime Phone #

CR25081 (01/04)

To whom it may concern :

In september of 2002 I (Gary Reese) filled for a fictious name , workmen's comp. Exemption and to incorporate the business(Complete Flooring Solutions INC.) I wanted to start. By the time I received all the paper work the window of opportunity had closed.I never got to use the business I started. After paying all that money to start my own business and then not getting the job I wasn't discouraged. I was told that all my paperwork would be good for 2 years and never receiving any letters , statements , Annual Report info and anything stating differently I thought 2 years was correct.I knew within 2 years a new window would open.

June 2004 another window had opened and already having my paperwork and with no delay I went for it. I left my old job to start a new.Now that everything is moving along I tried to open a bank account under the business name.the bank had told me that my business status is inactive.I was a little confused.I thought I had 2 years .The bank gave phone # s to call.After calling I had found out that the Annual Report info was sent back to the state(unable to deliver-return to sender).Now its starting to make sense.

Under these circumstances I am asking you to wave fines and penalties and let me pay the \$300.00 fee to activate my Corp.status . Thank you for your help.

Gary Reese
Complete Flooring Solutions Inc.
4319 Creekside Blvd.
Kissimmee Fl. 34746
Phone# 407-460-3908

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