

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

09 SEP 16 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000067239

1. Corporation Name

COMPLETE CARPET AND JANITORIAL SERVICE

400160723794
09/16/09--01025--003 **450.00

REINSTATEMENT 09-09
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #
6001 NW 25TH CT.

3. Mailing Office Address
6001 NW 25TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SUNRISE FLORIDA

City & State
SUNRISE FLORIDA

Zip
33313

Country
U.S.A

Zip
33313

Country
U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida 06-17-2003

5. FEI Number
830362168

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
COURTNEY M. ALLEN

Street Address (P.O. Box Number is Not Acceptable)
6001 NW 25TH CT

Suite, Apt. #, Etc.

City
SUNRISE

State Zip Code
FL 33313

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 09-15-09

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
PRES.	COURTNEY M ALLEN	6001 NW 25TH CT	SUNRISE FL. 33313
V.P.	CARLOS NELSON	6001 NW 25TH CT	SUNRISE FL. 33313
SEC.	DALIA HENRIQUES	3265 NW 32ND TERR	LAUDERDALE LAKES 33309

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-15-09

Date

954-486-5727

Daytime Phone #