

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000041975

1. Corporation Name

COMPLETE MEDIA SOLUTIONS, INC

2. Principal Office Address

5079 N Dixie Highway

3. Mailing Office Address

5079 N Dixie Highway

Suite, Apt. #, etc.

#284

Suite, Apt. #, etc.

#284

City & State

Oakland Park, FL

City & State

Oakland Park, FL

Zip
33334

Country
Broward

Zip
33334

Country
Broward

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/2004

5. FEI Number

20-0841453

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
William J Johnson

Street Address (P.O. Box Number is Not Acceptable)
5079 North Dixie Highway

Suite, Apt. #, Etc.

284

City
Oakland Park

State
FL

Zip Code
33334

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

David J. Piller
REGISTERED AGENT MUST SIGN

Date 04/20/2006

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
P	William J Johnson	5079 N Dixie Highway #284	Oakland Park, FL 33334

REINSTATEMENTOS-207

13 4/20/06

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

04/20/2006

Date

888.655.6272

Daytime Phone #