

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 2:57

DOCUMENT # P96000000186

1. Corporation Name
Complete Property Services, Inc.

2. Principal Office Address
1803 Briar Creek Blvd.

3. Mailing Office Address
Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Safety Harbor, FL

City & State

Zip
34695

Country
Pinellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3376883

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
Angela Krueger

000004679400 -- 4

Street Address (P.O. Box Number is Not Acceptable)
1803 Briar Creek Blvd.

11/14/01 01089 013

****158.75 **** 58.75

Suite, Apt. #, Etc.

City
Safety Harbor

State
FL

Zip Code
34695

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 *Angela Krueger*
REGISTERED AGENT MUST SIGN

Date *10/25/01*

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
CEO/D	RICHARD K. KRUEGER	2321 SPICEWOOD CT.	Dunedin, FL 34698
P/D	HANK GATTI	6444 Summerfield Loop	New Port Richey, FL 34655
VP/D	WILLIAM G. LINDSEY	10113 Woodson Way	Tampa, FL 33618
T/D	GERARD W. DAVICH	19627 Gulf Blvd., #301	Indian Shores, FL 33785
S/D	ANGELA KRUEGER	2321 Spicewood Ct.	Dunedin, FL 34698 SP

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:

Angela Krueger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/01 (727) 793-9777
Date Daytime Phone #