

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT -7 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000000186

1. Corporation Name
Complete Property Services, Inc.

REINSTATEMENT 03

200023592872
10/07/03--01001--026 **750.00

2. Principal Office Address
140 South Pine Avenue

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Oldsmar, FL

City & State

Zip
34677

Country
Pinellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 12/30/96

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

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

140 South Pine Avenue

Suite, Apt. #, Etc.

City

Oldsmar, FL

State
FL

Zip Code
34677

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 *10/1/03*

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
S, D	Angela Krueger	2321 Spicewood Ct	Dunedin, FL 34698
T, D	Gerard W. Davich	19627 Gulf Blvd., #301	Indian Shores, FL 33785

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 Angela Krueger

10/1/03

Date

727-793-9777

Daytime Phone #

CR2E081 (10/02)

2/10/05