

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 27 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P970000006565

1. Corporation Name

Complete And Reliable  
Property Management, Inc.

2. Principal Office Address

7100 S.W 99 Ave

Suite, Apt., etc.

1020

City & State

Miami, FL

Zip

33173

Country

USA

3. Mailing Office Address

7100 S.W 99 Ave

Suite, Apt., etc.

102

City & State

Miami, FL

Zip

33173

Country

USA

**REINSTATEMENT**

03

100024169301

10/27/03--01075--015 \*\*\$150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0728691

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

Carlos A. Ramirez

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

7100 S.W 99 Ave, #102

Suite, Apt., Etc.

City

Miami

State

FL

Zip Code

33173

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

[Signature]

Date

10/23/03

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
P	Carlos A. Ramirez	7100 S.W 99 Ave, 102	Miami, FL 33173
S	Olga M. Ramirez	7100 S.W 99 Ave, 102	Miami, FL 33173

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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

305-598-4068

Daytime Phone #

CR2E081 (10/02)

21 10/20

*Complete And Reliable*  
Property Management & Maintenance

7100 S.W. 99 Avenue, Suite 204  
Miami, Florida 33173

Tel: (305) 598-4068  
Fax: (305) 598-1233

October 23, 2003

Division Of Corporations  
Annual Report Reinstatement Section  
409 East Gaines St.  
Tallahassee, Florida 32399

Re: Complete And Reliable Property Management, Inc.

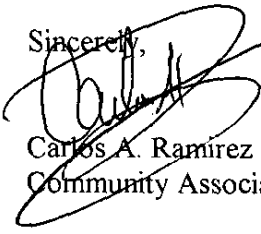
Dear Sirs:

This letter is to advise you that I had a client of mine do a property search and discovered that my corporation was dissolved. I had sent my corporate report along with my check # 1009 in the amount of \$150.00 the check was not deposited according to my accounting department and no return mail was received.

I am now enclosing a new check in the amount of \$150.00 for reinstatement, Please waive the remaining fees.

Thanking you in advance for your immediate attention to this matter.

Sincerely,



Carlos A. Ramirez  
Community Association Manager