

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 17 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT P97-000083134

1. Corporation Name

COMPLEAT, INC.

Principal Place of Business

Mailing Address

15515 Oakland Boulevard, Oakland FL
34760

REINSTATEMENT 98-00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

15515 Oakland Boulevard
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

15515 Oakland Boulevard
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

9/25/97

5. FEI Number

Applied For

Not Applicable

City, State

Oakland FL

City, State

Oakland FL

Zip 34760

Country USA

Zip 34760

Country USA

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Barry D. Martin	15515 Oakland Blvd	Oakland FL 34760

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-04/11/00--01031--004
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Paul M. Caldwell
17805 Highway 192
Clermont FL 34711

Name Barry D. Martin
Street Address (P.O. Box Number is Not Acceptable)
15515 Oakland Boulevard
Suite, Apt. #, Etc.
City Oakland State FL Zip Code 34760

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

X Barry Martin

REGISTERED AGENT MUST SIGN

Date

3/10/2000

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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: X Barry Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY D. MARTIN President + Director

March 10, 2000

Date

352-406-8195

Daytime Phone #

CR2E040 (1/98)