

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000070689

1. Corporation Name

COMPLETE BEACH HOME CARE, INC.

Principal Place of Business

27 VIA DE LUNA
PENSACOLA BEACH FL 32561

Mailing Address

27 VIA DE LUNA
PENSACOLA BEACH FL 32561

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1998

5. FEI Number

59-3528463

Applied For

Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SIMMONS, FRED	225 SABINE DRIVE	PENSACOLA BEACH FL 32561

300024377283
11/03/03--01045--019 **150.00

8. Name and Address of Current Registered Agent

SIMMONS, FRED H JR
225 SABINE DRIVE
PENSACOLA BEACH FL 32561

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Fred H. Simmons, Jr.
REGISTERED AGENT MUST SIGN

Date

10/28/2003

11. 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:

Fred H. Simmons, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/03 850-232-2188

CR20040 (7/03)

***Complete Beach Home Care, Inc.
27 Via DeLuna Dr.
Pensacola Beach, FL 32561
(850)932-0067***

October 28, 2003

Florida Department of Revenue
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

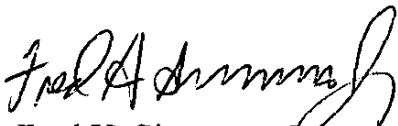
Re: Complete Beach Home Care, Inc./EIN: 59-3528463
Document #P98000070689
Application for Reinstatement

Gentlemen:

Please find attached the application for reinstatement and check for \$150.00 for the above-referenced corporation. Our office did not receive the two prior uniform business report (UBR) notices, therefore, we request that you waive the reinstatement fee of \$600.00.

Thank you for your assistance regarding this matter. If you need further information, please do not hesitate to contact me at (850)932-0067.

Sincerely,



Fred H. Simmons, Jr.
President

Enclosure:
As Noted