

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **P99000004840**

1. Corporation Name

COMPLEAT CONSULTING, INC.

Principal Place of Business

Mailing Address

~~5221 N.W. 54TH CT.~~
~~GAINESVILLE FL 32653~~

~~5221 N.W. 54TH CT.~~
~~GAINESVILLE FL 32653~~



REINSTATEMENT

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

2. New Principal Office Address, If Applicable
13816 NW 39 Ave

3. New Mailing Office Address, If Applicable
5200 NW 43 Street

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102-325

5. FEI Number

59-3550355

Applied For

Not Applicable

City & State
Gainesville, FL

City & State
Gainesville, FL

Zip
32606

Country
USA

Zip
32606-4482

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Harold S. Boudreau II	5200 NW 43 Street Suite 102-325	Gainesville, FL 32606-4482

000003491410--1
-12/08/00--01026--002
****758.75 ****758.75

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOUDREAU, HAROLD S II **13816 NW 39 Ave**
~~5221 N.W. 54TH CT.~~ ~~5200 NW 43 St, Suite 102-325~~
GAINESVILLE FL 32653 **32606-4482**

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.

Signature of
Registered Agent

[Handwritten signature] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date **27 Nov 2000**

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:

[Handwritten signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Nov 2000 (352) 318-0617
Date Daytime Phone #

pd ck 1055