

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



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

FILED

01 MAY -7 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107652

1. Corporation Name

COMPLETE BODY, INC.

Principal Place of Business

Mailing Address

PO BOX 25013
SARASOTA FL 34277-2013

PO BOX 25013
SARASOTA FL 34277-2013



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0969067

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	Brett Jacobsen	1813 Wornington St.	Sarasota FL 34277

500004324435--4
05/29/01--01002--022
****150.00 ****150.00

001-01 UBR TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBSEN, BRETT W
1813 WORRINGTON STREET
SARASOTA FL 34231

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

Brett Jacobsen
REGISTERED AGENT MUST SIGN

Date 5/16/01

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:

Brett Jacobsen

Brett W. Jacobsen

5/16/01

(941) 539 5485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/01

Department of Corporate Reinstatement.

My name is Brett Jacobsen. I am the president of Complete body, inc. My corporation dissolved last year on Sept 22, 2000 after a few correspondence events that I believed resolved any missing information in my paperwork.

- 1) I pd \$550- on 7/10 it was cashed 7/31
- 2) I responded to the 2000 uniform business report more than once but didn't hear anything back. I assumed all was completed. Please waive the late fees.

I was not living at 1813 Worrington and my ex-wife and I were in the middle of a divorce at the time. I did not get most of my mail during this period.

I am requesting that the reinstatement fee be waived because I did not have the ability to respond to the 2nd correction letter. I didn't receive it and already assumed that all was done.

PJ10313

on 5/16 I spoke with Kathy @
(850) 487 6059

and she informed me that if the reinstatement fee was waived I would owe \$150- to the department of state to have the corporation current. I am enclosing a check to cover this \$150- and would authorize you to deposit it if this will bring my corporation current. If I will owe more than this do not deposit the check until you inform me of any additional fees due. I can be reached at

(941) 539 5485 cell phone

(941) 925 -3183 fax.

Complete Body.
PO Box 25013
Sarasota FL 34277.

Thank You very much for your help in these matters

Burt Jacobs