

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP -1 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500040725545

09/01/04--01019--004 **1200.00

DOCUMENT #

1. Corporation Name **S 94885**

COMPLETE PROPERTY MANAGEMENT SERVICES, INC.

2. Principal Office Address

9439 GULF SHORE DR.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

Zip

34108

Country

COLLIER

3. Mailing Office Address

6305 WILSHIRE PINES CR.

Suite, Apt. #, etc.

#504

City & State

NAPLES, FLORIDA

Zip

34109

Country

COLLIER

REINSTATEMENT 01-24

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-19-1991

5. FEI Number

59-2074048

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

BEVERLY RONDEAU

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

6305 WILSHIRE PINES CR.

Suite, Apt. #, Etc.

#504

City

NAPLES

State

FL

Zip Code

34109

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

Beverly Rondeau
REGISTERED AGENT MUST SIGN

Date **8-27-2004**

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
DPST	ROBERT WELLS	P.O. BOX 70005	NAPLES, FLORIDA 34108

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)