

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Complete Painting, Inc.

2. Principal Office Address

12265 Sawgrass Court

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Wellington Fl. 33411

City & State

Zip

33411

Country

W.P. Beach

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0305992

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

Chris Myers

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

12265 Sawgrass Court

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33411

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

Chris Myers

Date

11/28/06

REGISTERED AGENT MUST SIGN

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
P	Chris Myers	12265 Sawgrass Ct	Wellington Fl. 33411
VP	Deatra Myers	"	"

800082132508

11/29/06--01011--005 **300.00

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 contained in Chapter 119, 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

Deatra Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/06

Date

954-605-1325

Daytime Phone #

282

HOFFMEIER ACCOUNTING & TAX SERVICE
1925 SOUTH PERIMETER ROAD SUITE 125
FORT LAUDERDALE, FLORIDA 33309
954-938-1515 PHONE
954-938-1512 FAX

November 27, 2006

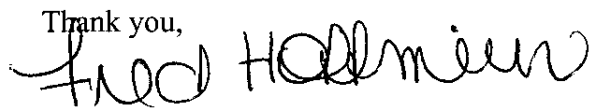
To Whom It May Concern:

My client Complete Painting Inc has moved several times in the last two years due to hurricane damage. They have not received their UBR in this time. I am filing a Corporation Reinstatement with a \$300.00 check. I hope this will correct the problem.

Any Courtesies you can extend him would be appreciated

If you should have any questions please feel free to call.

Thank you,

A handwritten signature in black ink that reads "Fred Hoffmeier". The signature is written in a cursive, flowing style.

Fred Hoffmeier