

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 21 PM 1:24

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~604A00068460~~

1. Corporation Name

P04000164282

KELLY KLEIN & ASSOCIATES, INC

REINSTATEMENT 05-07

PRINCIPAL OFFICE ADDRESS

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

1732 W COUNTY HIGHWAY 30A

3. Mailing Office Address

3653 CANTON RD

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

103

City & State

SANTA ROSA BEACH, FL

City & State

MARIETTA, GA

Zip

32459

Country

USA

Zip

30066

Country

GA

4. Date Incorporated or Qualified
To Do Business in Florida

12-03-04

5. FEI Number

20-2038367

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

KELLY KLEIN

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

1732 W COUNTY HIGHWAY 30A

Suite, Apt. #, Etc.

401

City

SANTA ROSA BEACH

State

FL

Zip Code

32459



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Kelly Klein

REGISTERED AGENT MUST SIGN

Date

8/20/2007

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	KELLY KLEIN	1732 W COUNTY HIGHWAY 30A #401	SANTA ROSA BEACH FL 32459
V	CHRIS BOZDECH	1732 W COUNTY HIGHWAY 30A #401	SANTA ROSA BEACH FL 32459
ST	KELLY KLEIN	1732 W COUNTY HIGHWAY 30A #401	SANTA ROSA BEACH FL 32459

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:

Kelly Klein

KELLY KLEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/2007

Date

850-420-2480

Daytime Phone #