PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073468

1. Corporation Name

C.R. KLEWIN SOUTHEAST, INC.

Principal Place of Business	Mailing Address
NORTHPOINT CORPORATE CENTER 701 NORTHPOINT PARKWAY, SUITE 215 WEST PALM BEACH FL 33407	NORTHPOINT CORPORATE CENTER 701 NORTHPOINT PARKWAY, SUITE 215 WEST PALM BEACH FL 33407

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

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/15/1997

5. FEI Number: 06-1500722 ☐ Applied For ☐ Not Applicable

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
D	KLEWIN, CHARLES R	40 CONNECTICUT AVE.	NORWICH CT 06360
~~D~~ T	D'AMATO, MICHAEL	40 CONNECTICUT AVE.	CONNECTICUT FL 06360
~~TS~~	~~SAWYER, JAMES~~	~~40 CONNECTICUT AVE.~~	~~NORWICH CT 06360~~
P	Ullrich, Jack R.	701 Northpoint Parkway, Suite 215	West Palm Beach, FL 33407
S	Klewin, Tyler G.	40 Connecticut Avenue	Norwich, CT 06360

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ULLRICH, JACK 701 NORTHPOINT PARKWAY SUITE 215 WEST PALM BEACH FL 33407	Name: UCC FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable): 526 EAST PARK AVENUE Suite, Apt. #, Etc. 000003193200 4 -12/11/00--01033--002 City: TALLAHASSEE ****750.00 State: FL Zip Code: 32302 ****750.00

CR2E040 (8/00)

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: Ed Hand/President SIGNED — Date: 11/13/00

REGISTERED AGENT MUST SIGN

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: C.R. Klewin Southeast, Inc. SIGNATURE REQUIRED Treasurer — 11-10-00 — 860-886-2491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #