

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 17 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9900DD17198

1. Corporation Name

KLN Financial Inc.

2. Principal Office Address

90 Edgewater Dr.

Suite, Apt. #, etc.

526

City & State

Coral Gables, FL

Zip

33133

Country

Dade

3. Mailing Office Address

90 Edgewater Dr.

Suite, Apt. #, etc.

526

City & State

Coral Gables, FL

Zip

33133

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

30-0130524

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

Keith Lawrence Nough

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

90 Edgewater Dr.

Suite, Apt. #, Etc.

526

City

Coral Gables

State

FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date 12/12/02

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
Pres.	Keith L. Nough	90 Edgewater Dr. #526	Coral Gables, FL 33133

REINSTATEMENT

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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

12/12/02

Date

(305) 665-9882

Daytime Phone #

CR2E081 (9/01)