PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 MAR 10 PM 1:17

SEC... OF STATE
TALLAHASSEE, FLORIDA

10/05/07 01028 021 **900
(450)

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/07)

DOCUMENT # 541070

1. Corporation Name
KLS Enterprises, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4056 NE 5th Terr	P.O. Box 95606
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Laud. FL	Ft. Laud. FL
Zip 33334 Country USA	Zip 33310 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3766057 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Steven Michaud.

Street Address (P.O. Box Number is Not Acceptable): 1401 NE 41st St

Suite, Apt. #, Etc.

City: Pompano | State: FL | Zip Code: 33064

☒ 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: Michaud — Date: 3/10/08

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
Pres	Kenneth P. Walaschek	110 Poplar Ln	Brittersville Pa 16051

10. I certify that I am an officer or director of the reorganized corporation or a 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: KENNETH P. WALASCHEK — 3/10/08 — 412-860-9888

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

561-0704
274