

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN 30 AM 10:32

DOCUMENT # F01000001338

1. Corporation Name

H. WAYNE KLEKAMP, INC.

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

110 43RD AVE. SW

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32968

Country

USA

3. Mailing Office Address

110 43RD AVE. SW

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32968

Country

USA

REINSTATEMENT 05-09

4. Date Incorporated or Qualified  
To Do Business in Florida 03/09/2001

5. FEI Number

311365776

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  
H. WAYNE KLEKAMP

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

Suite, Apt. #, Etc.

City  
WINTER PARK

State  
FL

Zip Code  
32789

☒ 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

REGISTERED AGENT MUST SIGN

Date 6-24-09

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	JAYNE COHEN	35 JELLYSTONE PARK	NEW HAMPTON, NH 03256
V	H. WAYNE KLEKAMP, JR.	398 LEXINGTON AVENUE SW	VERO BEACH, FL 32962
D	H. WAYNE KLEKAMP	441 GENIUS DRIVE	WINTER PARK, FL 32789
T	DANIEL J. ZICARI	2150 6TH COURT SE	VERO BEACH, FL 32962

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. WAYNE KLEKAMP JR.

Date

6-24-09

Daytime Phone #

772-321-4635