

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 17 AM 11:08

DOCUMENT # F93000003864

1. Corporation Name

MKLP, Inc.

Principal Place of Business

Mailing Address

8900 Keystone Crossing Suite 1200
Indianapolis, IN 46240

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

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

8/16/93

5. FEI Number

Applied For

35-1983402

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PLS/D	OB McCOIN	7101 Executive Center Dr. Suite 250	Brentwood, TN 37027
VP/T/D	FRED S. KLIPSCH	8900 Keystone Crossing Suite 1200	INDIANAPOLIS, IN 46240
AS	MICHAEL F. KLIPSCH	8900 Keystone Crossing Suite 1200	Indianapolis, IN 46240

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***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Patricia E. Greenberg
c/o National Healthcare Associates
999 Ponce de Leon Blvd, Suite 630
Coral Gables, FL 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. 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 AgentPatricia E. Greenberg
REGISTERED AGENT MUST SIGN

Date

7/31/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.Yes ☐ No ☐(See other side for information
on intangible tax.)

12. 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.

AD

SIGNATURE:

OB McCOIN

OB McCOIN

Date

7/31/00

Daytime Phone #

615/376-9995