

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000001089

Entity Name: KLS-MARTIN INC.

FILED
Oct 15, 2009
Secretary of State

Current Principal Place of Business:

11239-1 ST JOHNS IND PKWY
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 50249
JACKSONVILLE, FL 32250 US

New Mailing Address:

FEI Number: 59-3215018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TEAGUE, MICHAEL
11239-1 ST JOHNS IND PKWY S
SUITE 105
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL TEAGUE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: LEIBINGER, KARL A
Address: 11239-1 ST. JOHN'S INDUSTRIAL PLAZA SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: AS () Delete
Name: ANGRESANO, CYNTHIA
Address: 11239-1ST JOHNS IND. PKWY. SOUTH
City-St-Zip: JACKSONVILLE, FL 3223016

Title: T () Delete
Name: LEIBINGER, MONIKA
Address: 11239-1 ST JOHNS IND PKWY S
City-St-Zip: JACKSONVILLE, FL 32246

Title: P () Delete
Name: TEAGUE, MICHAEL
Address: 11239-1 ST JOHNS IND PKWY S
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: GREENE, MICHAEL
Address: 11239-1 ST JOHNS IND PKWY S
City-St-Zip: JACKSONVILLE, FL 32246

Title: VP () Delete
Name: ASHBY, JEFFREY
Address: 11239-1 ST. JOHNS IND PKWY SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: ANGRESANO, CYNTHIA
Address: 11239-1ST JOHNS IND. PKWY. SOUTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA ANGRESANO

AS

10/15/2009

Electronic Signature of Signing Officer or Director

Date