PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 PM 1:46

DOCUMENT # **F99000003666**

1. Corporation Name

**KLEIN & CO. CORPORATE HOUSING SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~3540 CRAIN WAY~~<br>~~BOWIE MD 20716~~<br>6312 S. Fiddlers Green Cir.<br>#230E<br>Englewood, CO 80111 | ~~3540 CRAIN WAY~~<br>~~BOWIE MD 20716~~<br>6312 S. FIddlers Green Cir<br>#230E<br>Englewood, CO 80111 |

REINSTATEMENT 00-01

Enter old address here in correct form. If only 1 way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| 6312 S. FIddlers Gr Cir | 6312 S. Fiddlers Gr Cir |
| Suite, Apt. #, etc.: Suite 230E | Suite, Apt. #, etc.: Suite 230E |
| City & State: Englewood CO | City & State: Englewood CO |
| Zip: 80111 Country: USA | Zip: 80111 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 07/13/1999

5. FEI Number: 52-2100967 — Applied For ☐ 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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| PCD | KLEIN, JACQUELINE M | ~~3540 CRAIN HWY STE 220~~ #230E<br>6312 S. FIddlers Gr Cir | ~~BOWIE MD~~<br>Englewood, CO 80111 |
| S | THOMAS, LYNNE | ~~3540 CRAIN HWY STE 220~~ #230E<br>6312 S. FIddlers Gr Cir | ~~BOWIE MD~~<br>Englewood CO 80111 |
| | | | |
| | | | 100000467090I--3<br>-11/07/01--01055--001<br>****900.00 ****900.00 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (5/00)

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 Agent: Vicky Goldstein VICKY GOLDSTEIN SPECIAL ASSISTANT SECRETARY — Date 5-1-01
REGISTERED AGENT MUST SIGN

11. 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:** Jacqueline Klein SIGNATURE REQUIRED — 5-1-01 — 303-693-4436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #