

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -5 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017792

Name and Mailing Address

0014077 01 AT 0.292 **AUTO T1 0 0615 33916-742775

KLAMAN REAL ESTATE INVESTMENTS, LLC
4415 METRO PARKWAY
SUITE 325
FT. MYERS FL 33916-7427



2. New Mailing Address <u>11215 METRO PARKWAY</u> City, State, Zip <u>FORT MYERS, FL 33912</u>		4. State/Country of Formation FL	
Principal Place of Business 4415 METRO PARKWAY SUITE 325 FT. MYERS FL 33916		5. Date Organized or Qualified To Do Business in Florida 10/16/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1150074 Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent DORAGH, PETE 4415 METRO PARKWAY SUITE 325 FT. MYERS FL 33916		9. Name and Address of New Registered Agent Name <u>CHARLES KLEMAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O CHILCO</u> <u>11215 METRO PARKWAY</u> City <u>FT. MYERS</u> FL Zip Code <u>33912</u>	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Pete Doragh **SIGNATURE REQUIRED** Date 4/23/04
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KLEMAN, CHARLES J	4415 METRO PKWY, STE 325 <u>12330 McGregor Woods Circle</u>	FORT MYERS FL 33918 <u>33908</u>
V	KLEMAN, ABBY S	4415 METRO PKWY, STE 325 <u>12330 McGregor Woods Circle</u>	FORT MYERS FL 33918 <u>33908</u>
100035530871 05/05/04--01037--017 **200.00			
REINSTATEMENT <u>2003-2004</u> <u>M. THOMAS</u>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Charles Kleman **SIGNATURE REQUIRED** Date 4/28/04 Daytime Phone # 239-274-4105
Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)