


112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004 CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 AUG -3 AM 9:43
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PC1000079508

1. Corporation Name
K.L.O. INTERIORS, INC.

\$1,500.00

5-13-05 90224-019
REINSTATEMENT 04-05

2. Principal Office Address 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 470 City & State FORT LAUDERDALE, FL Zip 33309 Country USA		3. Mailing Office Address 800 W. CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 470 City & State FORT LAUDERDALE, FL Zip 33309 Country USA	
--	--	--	--

4. Date Incorporated or Qualified To Do Business in Florida 08-08-01

5. FEI Number 65-1129913 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
LEGEL, LARRY

Street Address (P.O. Box Number is Not Acceptable)
800 W. CYPRESS CREEK RD.

Suite, Apt. #, Etc.
SUITE 470

City
FORT LAUDERDALE

State FL Zip Code 33309

082
300058483433
08/11/05--01089--006 **150.00

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 Larry Legel LARRY LEGEL Date 4-30-05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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
DP	O'DONNELL, KATHY L.	16859 ORANGE BLVD.	LOXAHATCHEE, FL 33470
D	O'DONNELL, TERRY J.	16859 ORANGE BLVD.	LOXAHATCHEE, FL 33470

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 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: Terry O'Donnell TERRY O'DONNELL, D Date 4/30/05 Daytime Phone # 954-493-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR