

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099308

1. Corporation Name

KLN KUT, INC.

Principal Place of Business

3895 LAKE EMMA ROAD, SUITE 131
LAKE MARY FL 32746

Mailing Address

3895 LAKE EMMA ROAD, SUITE 131
LAKE MARY FL 32746



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/11/2001

5. FEI Number

593750171

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director B=BUSINESS	4 City / State / Zip
PRES.	RANDY BECK	3895 LAKE EMMA ROAD SUITE 131	LAKE MARY, FL 32746
SEC.	RANDY BECK	SAME AS ABOVE	
V.PRES.	SARA BECK	3895 LAKE EMMA RD SUITE 131	500008566955 10/24/02--01044--021 **150.00
TREAS	SARA BECK	SAME AS ABOVE	LAKE MARY, FL 32746

8. Name and Address of Current Registered Agent

BECK, RANDY J
3895 LAKE EMMA ROAD, SUITE 131
LAKE MARY FL 32746

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

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

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)(j), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.22.02 407.333.4188

Date

Daytime Phone #

CP2E040 (8/02)

KLN KUT, INC.
3895 Lake Emma Road, Suite 131
Lake Mary, FL 32746
407-333-4188

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399
850-245-6059

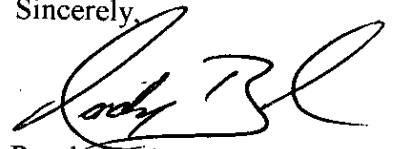
To Whom It May Concern:

On October 21, 2002 we received in the mail an Application for Reinstatement. After reading the information we realize that we should have received a corporation annual report/uniform business report earlier in the year. That form was never sent to us.

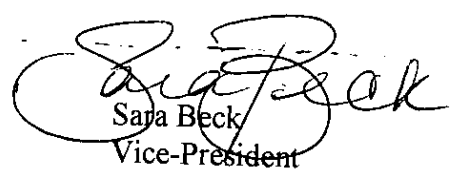
We have used the same mailing address since the inception of our corporation and have been processing mail from that address.

Please accept this signed application, check for \$150.00, and letter of explanation for the renewal of our corporation.

Sincerely,



Randy Beck
President



Sara Beck
Vice-President