

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000121724

1. Corporation Name

KELLI POST WINDOW CLEANING, INC.

Principal Place of Business

115 SAND PINE WAY
ROYAL PALM BEACH FL 33411

Mailing Address

115 SAND PINE WAY
ROYAL PALM BEACH FL 33411

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/01/2002
City & State	City & State	5. FEI Number
Zip	Country	01-0713732
	Zip	Applied For
	Country	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	POST, KELLI	115 SAND PINE WAY	ROYAL PALM BEACH FL 33411

400025513114
12/16/03--01012--013 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
POST, KELLI 115 SAND PINE WAY ROYAL PALM BEACH FL 33411	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State

CR2E040 (7/03)

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

Kelli M. Post

REGISTERED AGENT MUST SIGN

Date *12-01-03*

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: *Kelli M. Post* *Kelli M. Post 12-01-03 561-236-2899*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Division of Corporations:

I am filing my UBR now on 12-01-03. I was unaware of any previous notices. I have an accountant here in West Palm Beach, Anthony Marino, he originally incorporated my business, and I was under the assumption, that he would handle any and all items relating to these documents. I am now aware that this is a yearly report that is to be filed by May 1st Please accept my apologies and my \$150.00 filing fee. I hope for some understanding on your part, as this is the first year that my business is incorporated and I was unaware of filings that were to be taken care of.

Sincerely,

Kelli Post

Kelli Post Window Cleaning, Inc.

EIN#01-0713732

Re: Document # P01000121724