

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

03 DEC 16 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000121724**

1. Corporation Name

**KELLI POST WINDOW CLEANING, INC.**

Principal Place of Business

Mailing Address

115 SAND PINE WAY  
ROYAL PALM BEACH FL 33411

115 SAND PINE WAY  
ROYAL PALM BEACH FL 33411



**REINSTATEMENT 03**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2002

5. FEI Number

01-0713732

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

3

Street Address of Each  
Officer and/or Director

4

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  
**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

*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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

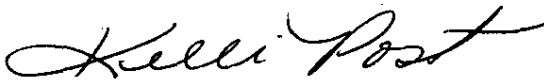
CR2E040 (7/03)

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 1<sup>st</sup> 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