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 NOV 14 PM 5: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P02000009120

1. Corporation Name

KILLEN SOFTWARE, INC.

Principal Place of Business

Mailing Address

3940 RADIO RD., STE, 107 NAPLES FL 34104 3940 RADIO RD., STE, 107 NAPLES FL 34104

If above addr	esses are incorrect in any way, line	through incorrect informa	ation and enter correction below	. 11/14/13 6767/67	j **150.
New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable 3 US pover place # 203		Date Incorporated or Qualified To Do Business in Florida	01/22/2002
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State 19 15		5. FEI Number 800032918_	A
Only & diale				6	
Zip	Country	Zip FI.	Country 34104	CERTIFICATE OF STATUS DESIRED	\$8.75 Addition for a Certific
7. Names and	Street Addresses of Each Officer ar	nd/or Director (Florida ne	onprofit corporations must list at	t least 3 directors)	
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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	
-PVST	KILLEN, CHRISTIAN	849 MARBLEHEAD DR.	NAPLES FL 94104	
RYST	Killen, Christian	348 Dover Place #203	Naples FL 34104	
		REIN	STATEMENT	

8. Name and Address of Current Registered Agent

| Name |

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

REGISTERED AGENT MUST SIGN

Date 1/11/03

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

1/11/03

239/327

Daytime Phone #

CHZEU4U (//us)

Applied For

Additional Fee required a Certificate of Status

2012

Software

Christian E. Killen 3940 Radio Road, suite 107 Naples, Florida 34104

No Dissolution Letter

November 1, 2003

This letter is writing to explain my lateness in payment to the state of Florida for not filament of 2003 corporate annual report. As a very young business member, I have been overloaded with protocols and such with the state. I had not received any notes from the state of Florida about annual reports. I have had two address moves for a home since setting up this company. My latest Home address is:

348 Dover Place #203 Naples, Florida 34104

This information shall be also listed on the reinstatement for enclosed with this letter. I also ask to please waive the late fee. Enclosed in this letter is the normal payment of \$150.00. Now that this has become known to me, I should not have any problem keeping this from happening in the future. I have also hired a CPA to help organize this business and hopefully improve the productivity from this young company.

Thank you very much for your time and understanding. I do hope to become an outstanding Florida business in the future.

Christian E. Killen

Killen Software, Inc.

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