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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 MAR 21 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044663

**1. Corporation Name**

STEVE KLEIMAN, INC.

**2. Principal Office Address**

3113 STATE RD 580

Suite, Apt. #, etc.

LOT #53

City & State

SAFETY HARBOR, FL

Zip  
34695

Country

U.S.A

**3. Mailing Office Address**

3113 STATE RD 580

Suite, Apt. #, etc.

LOT #53

City & State

SAFETY HARBOR, FL

Zip  
34695

Country

USA

**REINSTATEMENT**

03-06

**4. Date Incorporated or Qualified  
To Do Business In Florida**

04-24-2002

**5. FEI Number**

NONE

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

STEVE KLEIMAN

Street Address (P.O. Box Number is Not Acceptable)

3113 STATE ROAD 580-LOT #53

Suite, Apt. #, Etc.

City

SAFETY HARBOR

State  
FL

Zip Code

34695

**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

Steve Kleiman

REGISTERED AGENT MUST SIGN

Date 3-14-06

**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
<u>P</u>	<u>KLEIMAN, STEVE</u>	<u>3113 STATE RD 580 #53</u>	<u>SAFETY HARBOR FL 34695</u>

800069172098

03/31/06--01048--001 \*\*600.00

**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 contained in Chapter 119, 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:

Steve Kleiman (STEVE KLEIMAN)

Date

3-14-06

Daytime Phone #

(727)  
793-9310

20f2

March 14, 2006

Department of State  
State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Reinstatement Unit

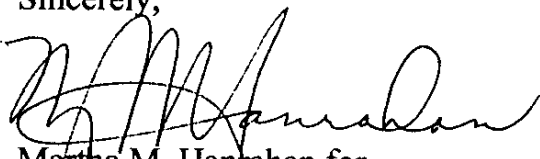
Gentlemen:

Per a conversation I had this afternoon with Sean Toner, in your office, I wish to reinstate my brother, Steve Kleiman's corporation. He has been ill for some time and I recently started the arduous task of straightening out his business. I have been working with an accountant who tells me I need to have the corporation in place because of the business and am asking for a waiver of the reinstatement fee because I am unable to locate any notice that would have been sent to him, and therefore, assume there was none.

I have enclosed a check in the amount of \$600. to cover the years of 2003, 2004, 2005, and 2006.

Thank you for your assistance.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Martha M. Hanrahan', written in a cursive style.

Martha M. Hanrahan for  
Steve Kleiman