

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 20 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000048718**

1. Corporation Name

KLP CONTRACTING, INC.

Principal Place of Business

10040 CLARCONA OCOEE ROAD
OCOEE FL 32703

Mailing Address

10040 CLARCONA OCOEE ROAD
OCOEE FL 32703

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

05/03/2002

5. FEI Number

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	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PEEBLES, TOMMIE	10040 CLARCONA OCOEE ROAD	OCOEE FL 32703
V	SIMMONS, BOBBY	10040 CLARCONA OCOEE ROAD	OCOEE FL 32703

888824889248

11/20/03--01060--024 **150.00

8. Name and Address of Current Registered Agent

PEEBLES, TOMMIE
10040 CLARCONA OCOEE ROAD
OCOEE FL 32703

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

REGISTERED AGENT MUST SIGN

Date

11-01-03

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-01-03

407
656-2555

CR2E040 (7/03)



C & S CONSULTING SERVICES, Inc.
795 30th Street
Orlando, FL 32805
Phone: (407) 595-7168
Fax: (407) 650-1691
Email: cline@csl.rr.com

November 18, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500
RE: KLP Contracting, Inc.
Doc# P02000048718

To Whom It May Concern:

Enclosed please find the 2003 Application for Reinstatement for the above referenced corporation.

This was the first notice we have received for renewal, we are asking that you waive the late filing penalty and accept this as timely filed.

Should you have any further questions, please do not hesitate to call.

Respectfully,

Cline Phillips
C&S Consulting Services, Inc.

enclosures