

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN -2 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0200011 5216

1. Corporation Name

KLH FINANCIAL SERVICES INC.

REINSTATEMENT 04-07

2. Principal Office Address

9571 NW 44TH CT

Suite, Apt. #, etc.

3. Mailing Office Address

9571 NW 44TH CT

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip
33351

Country
USA

Zip
33351

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-25-02

5. FEI Number

55-0805673

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

MICHELLE DELAHAYE

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

9571 NW 44TH CT

Suite, Apt. #, Etc.

100082861701

12/29/06 01028 017 **750 00

City

SUNRISE

State

FL

Zip Code

33351

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

Michelle Delahaye
REGISTERED AGENT MUST SIGN

Date 12-28-06

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
CFO	MICHELLE DELAHAYE	9571 NW 44TH CT	SUNRISE, FL 33351

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:

Michelle Delahaye
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO

12-28-06

Date

954-854-5060

Daytime Phone #

gc 1/3