

FILED
MAR 27 1968
FBI - MEMPHIS

STATE OF FLORIDA

CR2E081 (11/10)

5. FEINUNG

Applied For
Not Applicable

\$8.75 Additional Fee required
for a Certificate of Status

000272267780
04/27/15--01041--001 **308.75

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name

Claudia B. Klyg Inc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Country

USA

Country

7. Name and Address of Current Registered Agent

Name _____

Klug, Claudia B

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

595 Hernando Drive

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

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

Claudia B. Klug

Date 4-24-2015

REGISTERED AGENT MUST SIGN

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
PSD	Claudia B Klug	595 Hernando Dr	Marco Island FL 34145
T	Kevin Kowel	1840 N 27th Ct #1	Hollywood FL 33020
			MAY - 7 2015
		REINSTATEMENT 2014-2015	L. SELLERS

10. E-mail Address: DEALZ@AOL.COM

(To be used for future annual report notification)

1. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Claudia B. Klug CLAUDIA B. KLUG, PSD
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2015

(239) 394-0987
Daytime Phone