

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000028968

1. Corporation Name

KLEMENTO, INC.

2. Principal Office Address - No P.O. Box #

3512 COLLEGE STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32205

Country

U.S.A.

3. Mailing Office Address

1630 AVOCA PLACE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32207

Country

U.S.A.

7. Name and Address of Current Registered Agent

Name

JAMES KLEMENT

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

1630 AVOCA PLACE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

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

REGISTERED AGENT MUST SIGN

Date **7/10/08**

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
D	JAMES KLEMENT	P.O. BOX 1842	JACKSONVILLE, FL 32201

200133089502
07/17/08--01035--004 **1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES KLEMENT

7/10/08

Date

Daytime Phone #

904-699-7699

FILED

08 JUL 17 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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