

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P33550

1. Corporation Name

THE KLING-LINDQUIST PARTNERSHIP INC.

Principal Place of Business

2301 CHESTNUT STREET
PHILADELPHIA PA 19103-3073

Mailing Address

2301 CHESTNUT STREET
PHILADELPHIA PA 19103-3073

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

04/12/1991

5. FEI Number

23-1711665

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	THOMPSON, ROBERT G	1210 MIRABEAU LANE	GLADWYNE PA 19035
VD	FISKE, BRADFORD W AIA	750 MILL CREEK ROAD	GLADWYNE PA 19035
VD	THOMPSON, ROBERT G	1210 MIRABEAU LANE	GLADWYNE PA 19035
VD	LORENZ, MICHAEL R PE	1309 SHELLY LANE	CHERRY HILL NJ 08034
STD	BUSH, TERRY L.	P O BOX 119	LEDERACH PA 19450
VD	SLOAN, ALAN	104 BLEDDYN ROAD #1	ARDMORE PA 19003

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

CR2E040 (8/02)

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

James Newsome
REGISTERED AGENT MUST SIGN

Date

11/6/02

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:

James Newsome
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/02

Daytime Phone #

215-567-5943