

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

102

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

99 JAN -4 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ATT: Ms Trevor  
P93000074004

1. Corporation Name

Klos Corporation

Principal Place of Business

7794 Mission Cr #30  
Seminole FL 33772

Mailing Address

Seamless Solution  
11125 Park Blvd. 104-182  
Seminole, Florida 33772

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

10-18-93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11125 Park Blvd. 104-182

5. FEI Number

65-0446624

Applied For

Not Applicable

City & State

City & State

Seminole, Florida 33772

Zip

Country

Zip

Country

Pinellas

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Nicholas S Klos	7794 Mission Cr #30	Seminole FL 33772
Vice President	Joan Klos	7794 Mission Cr #30	Seminole FL 33772
Secretary			

100002735891--9  
-01/11/99--01011--003  
\*\*\*\*158.00 \*\*\*\*158.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Nicholas S Klos  
7794 Mission Cr #30  
Seminole FL 33772

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12-28-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information  
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nicholas S Klos

Date

12-14-98

Daytime Phone #

222-399-9687

CR2E040 (1/98)

7.0

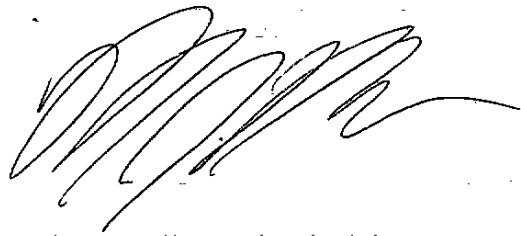
Whom it May Concern

20/2

After talking with Ms Trevorl by  
Phone on 12-14-98, That the reinstatement  
Fee would be waived one time because  
of mistakes made with my (Klas Corp.) mailing  
address.

Thank You  
in advance

Nicholas J Klas



12-14-98