PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[illegible] William
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 14 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074004

1 Corporation Name

Klos Corp.

Principal Place of Business
7794 Mission Cr #130
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

Suite, Apt. #, etc

City & State

Zip | Country Pinellas

3 New Mailing Office Address, If Applicable
Seamless Solution
11125 Park Blvd. 104-182
Seminole, Florida 33772

Zip | Country Pinellas

For 1999

4 Date Incorporated or Qualified To Do Business in Florida
10-18-93

5 FEI Number
65-0446-24

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1		3	4
pres vice pres	Nicholas J Klos	7794 Mission Cr #130	Seminole FL 33772
Sec.	Joan Klos	Seminole FL 33772	Seminole FL 33772
		7794 Mission Cr #130	
		Seminole FL 33772	

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-05/25/99--01042--011
****150.00 ****150.00

8 Name and Address of Current Registered Agent

Nicholas J Klos
7794 Mission Cr
Seminole FL 33

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 (1-98)

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 4-28-99

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 617.0101, 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:

Nicholas J Klos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99
Date

727-399-9687
Daytime Phone #