

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03 FILED

03 JUN 30 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300021199329
06/30/03--01076--017 **300.00

DOCUMENT # P94000014684

1. Corporation Name

R.L. Klein Enterprises, Inc.
dba Sunrise Landscape

2. Principal Office Address

321 N. Safford Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 591

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Palm Harbor, FL

Zip

34689

Country

USA

Zip

34682-0591

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/23/94

5. FEI Number

59-3226019

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

← Mail to
Box #3 please!

7. Name and Address of Current Registered Agent

Name

Lesley A. Klein c/o Oak Trail Books

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

1219 Florida Avenue

Suite, Apt. #, Etc.

City

Palm Harbor

State
FL

Zip Code

34683

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

Lesley Klein

REGISTERED AGENT MUST SIGN

Date

6/25/03

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
P#	Richard Klein	793 Natalie Lane Palm Harbor, FL 34683	Palm Harbor, FL 34683
V/T	Lesley A. Klein	793 Natalie Lane	Palm Harbor, FL 34683
V/T			

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 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:

Lesley Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/03

Daytime Phone #

727-785-1960

sk 7/2

CR2001 (10/02)



Landscape & Lawn Care

COMMERCIAL & RESIDENTIAL • LANDSCAPE & IRRIGATION INSTALLATION/MAINTENANCE • FREE ESTIMATES • LICENSED • INSURED

June 25, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: #P94000014684

To Whom It May Concern:

I have not received my UBR forms for 2003 or 2002 because it was mailed to an address that does not receive mail, instead of our post office box.

I am enclosing a check for \$300 to cover the filing fee of \$150 for each year per recommendation by your staff. I ask that you waive any other fees as I never received my renewal in 2002.

Thank you for your help in getting us reinstated and back on line!

Sincerely,

Lesley Klein
Vice President