PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE Sandra Br Mortham 96 DEC 20 PM 2: 25 Secretary of State **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P94000 0 54452 KLENK Y KLENK INSURANCE, INC Principal Place of Business Mailing Address If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE

4. Date incorporated or Qualified
To Do Business in Florida

7/22/3 2. New Principal Office Address, If Applicable 6531 /03 (b) \$7.

Suite, Apt. *, etc. 3. New Mailing Address, If Applicable Suite, Apt. #, etc. 5. FEI Number Applied For 59-3255764 City & State Not Applicable JACKSONUI/18 \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIREO 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) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip Title(s) RUSSELL J KLENK PRES JACKSCHUITKE E/ 400002036904---3 <u>-12/24/36--01083---011</u> *****B1.25 *****B1.25 8. Name and Address of Current Registered Agent 9. Name and Address of New Registers RUSSELL J. KLENK Street Address (P.O. Box Number is Not Acceptable) 6531 103RD ST Suite, Apt. #, Etc. JACKSONUILLE FL 32210 State 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 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on Intangible tax.) 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that at I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made Russell J Klenk 10/1/96 904-2498236 SIGNATURE: