

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 30 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000022471

1. Corporation Name

KLK CONSULTING INC

REINSTATEMENT 63-84

2. Principal Office Address

544 PURPLE FINCH WAY

Suite, Apt. #, etc.

City & State

PALM HARBOR FL

Zip

34683

Country

USA

3. Mailing Office Address

P.O. BOX 2303

Suite, Apt. #, etc.

City & State

PALM HARBOR FL

Zip

34682

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/20/1995

5. FEI Number

650567954

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KAREN L. KAYSER

800034817798

04/30/04--01020--012 **308.7

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

544 PURPLE FINCH WAY

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

Karen L. Kayser

REGISTERED AGENT MUST SIGN

Date 4/19/2004

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
<u>DPVTS</u>	<u>KAREN L. KAYSER</u>	<u>P.O. BOX 2303</u>	<u>PALM HARBOR, FL 34682</u>

IF STREET
ADDRESS REQUIRED,
USE ADDRESS LISTED
FOR REGISTERED AGENT.

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:

Karen L. Kayser

KAREN L. KAYSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2004

Date

727-460-1735

Daytime Phone #

CR2E081 (01/04)

17 2002

P. O. Box 2303
Palm Harbor, FL 34682
23 April 2004

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

Dear Madam/Sir:

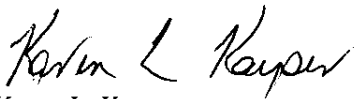
I called the Division of Corporations general inquiry phone number on Monday, April 19, 2004, to discuss reinstatement of my corporation to active status. Based on that phone call, it is my understanding that I must pay \$300 (\$150 for 2003 and \$150 for 2004) to reinstate my account. In addition, I can receive a certificate of status by paying an additional \$8.75.

Please reinstate my corporation, KKK Consulting, Inc., to active status. I have enclosed the Corporation Reinstatement form and a check for \$308.75.

If you have any questions, you may call me at 727-787-5695 (home) or 727-460-1735 (cell).

Thank you for your assistance in this matter.

Sincerely,



Karen L. Kayser
President, KKK Consulting