

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # P96000031427

KLM ENTERPRISES OF SOUTHWEST FLORIDA, INC.

Mailing Address

4361 CORPORATE SQ
NAPLES FL ~~33940~~
US

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

D	MCCULLOCH, KENNETH <i>12</i>	4361 CORPORATE SQUARE	NAPLES FL 33942 <i>34104</i>
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1) McCulloch, LOUISE B	4361 CORPORATE SQUARE	NAPLES FL 34104
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400002725484--2
-12/29/98--01087--005
***758.75 ***758.75

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

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.

the registered agent of the above named corporation, am familiar with and accept the
John M. Culbert **REQUIRED**
 REGISTERED AGENT MUST SIGN

Date DEC 18/98

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 filling 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

DEC 18/98

941-643-5404
Daytime Phone #

CR2E040 (9/98)

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