	· PLEASE READ	ALL INS	RUCTIONS	BEFORE C	OMPLET	ING THIS FOR	 RM.	
]	PLICATION FOR	A DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State			rei	NAME D. D. STATES		
DEINIGTATEMENT (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			/ISION OF CORPORATIONS		į	FILED		
DOCUMENT # <b>P96000031427</b> 1. Corporation Name					98 DEC 22 AM 11: 21			
KLM ENTERPRISES OF SOUTHWEST FLORIDA, INC.						SECR TALLA	ETARY OF STATE HASSEE, FLORIDA	
Principal Place of Business Mailing Add			ress					
4361 CORP NAPLES FL US		4361 CORPORATE SQ NAPLES FL <del>33946 -</del> US						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						ATEMEN	- as	
			New Mailing Office Address, If Applicable     4. Dat			orated or Cualinessoness in Florida	04/02/1996	
City & State		City & State			5. FEI Number Applied For 65-0662998 Not Applicable			
Zip 34104 Country		<sup>Zip</sup> 3419	4 Country	 y	6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status			
	and Street Addresses of Each Officer and/o			itions must list at lea	st 3 directors)			
Title(s)	tle(s) and/or Directors C			eet Address of Each ficer and/or Director Post Office Box Nu		City	// State / Zip	
D	D MCCULLOCH, KENNETH & Z			4361 CORPORATE SQUARE			NAPLES FL <del>33942</del> 3410 4	
) Mccurrock, Louist B			4361 CORPORATE SQUARE			NAPUS FL.	34104	
						4000027254842 -12/29/9801087005		
						****758.	75 ****758.75	
				<del></del>				
8. Name and Address of Current Registered Agent Name					9. Name and Address of New Registered Agent			
MCCULLOUGH, KENNETH				Street Address (P.O. Box Number is Not Acceptable)				
4361 CORPORATE SQUARE NAPLES FL 34104				Suite, Apt. #, Etc.				
				City 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 Agent REGISTERED AGENT MUST SIGN  Date DEC 18/98								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes V 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  Date Dayline Phone #								

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