

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -3 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000092628

1. Corporation Name
Andrew Kleinberger, INC.

900009820599
01/03/03--01081--004 **150.00

2. Principal Office Address
5821 Painted leaf Ln.

3. Mailing Office Address
5821 Painted leaf Lane

900009820599
01/03/03--01081--005 **8.75

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida 11-12-1996

City & State
Naples, FL

City & State
Naples, FL

5. FEI Number 59-3410248 Applied For Not Applicable

Zip 34116 Country U.S.A

Zip 34116 Country U.S.A

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Kleinberger Andrew, J.
Street Address (P.O. Box Number is Not Acceptable) 5821 Painted leaf Lane
Suite, Apt. #, Etc.
City Naples

State FL Zip Code 34116

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 [Signature] Date 12-24-02
REGISTERED AGENT MUST SIGN

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
PO	Kleinberger, Andrew	5821 Painted leaf Lane	Naples, FL 34116
VD	Kleinberger, Andrew	5821 Painted leaf Lane	Naples, FL 34116

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: [Signature] 12-24-02 (239) 304-1896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092628

1. Corporation Name

ANDREW KLEINBERGER, INC.

Principal Place of Business

Mailing Address

~~28751 OLD #1 ROAD~~
~~UNIT 1~~
~~BONITA SPRINGS FL 34135~~

~~P.O. BOX 2501~~
~~BONITA SPRINGS FL 34133~~



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

2. New Principal Office Address, If Applicable

~~5821 Painted leaf Lane~~

Suite, Apt. #, etc.

City & State
Naples, FL 34116

Zip
34116

Country
U.S.A

3. New Mailing Office Address, If Applicable

~~5821 Painted leaf Lane~~

Suite, Apt. #, etc.

City & State
Naples, FL

Zip
34116

Country
U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

11/12/1996

5. FEI Number

59-3410248

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KLEINBERGER, ANDREW J.	POST OFFICE BOX 2501 5821 Painted leaf Lane	BONITA SPRINGS FL 34133 Naples, FL 34116
VD	KLEINBERGER, ANDREW Andrew J.	5220 BONITA BEACH ROAD STE 105 5821 Painted leaf Lane	BONITA SPRINGS FL 34134 Naples, FL 34116

8. Name and Address of Current Registered Agent

KLEINBERGER, ANDREW
~~20751 OLD #1 ROAD #1~~
~~BONITA SPRINGS FL 34135~~

9. Name and Address of New Registered Agent

Name
Kleinberger, Andrew
Street Address (P.O. Box Number is Not Acceptable)
5821 Painted Leaf Lane.
Suite, Apt. #, Etc.
City
Naples
State
FL
Zip Code
34116

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12-24-02

11. 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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-24-02 (239) 304-1896

CFR2ED40 (8/02)

ANDREW KLEINBERGER, INC.

P.O. Box 2501 • Bonita Springs, Florida 34133-2501

Phone: (941) 992-7843

Fax: (941) 948-0028

Mobile: (941) 253-2315

Lee Lic.: CP000254

Collier Lic.: 17213

December 24, 2002

Division Of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee FL. 32314-6327

To Whom It May Concern:

Because of an address change our corporation never recieved the 2002 uniform business report form. Thank you for sending out the form again. I have filled it out with the updated address and information. Enclosed you will find a check for \$8.75 for certificate of incorporation and a check for \$150.00 for renewal.

Sincerely,



Andrew Kleinberger