

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -2 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000104052**

Corporation Name

Kelaine Management Corporation

1. Principal Office Address

462 W. Central Pkwy.
Suite, Apt. #, etc.

3. Mailing Office Address

462 W. Central Pkwy.
Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

Country

32714 USA

Zip

Country

32714 USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1996

5. FEI Number

59-3414159

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

Klonel, Kent E.

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

462 W. Central Pkwy

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

9888842751 19--9

-05/21/01--01 97--016

*****300.00 ***300.00**

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

Kent E. Klonel

Date

4/26/01

REGISTERED AGENT MUST SIGN

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
2V.	Kent E. Klonel	462 W. Central Pkwy	Altamonte Springs, FL 32714
ST	ELAINE Klonel	462 W. Central Pkwy	Altamonte Springs, FL 32714

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:

Kent E. Klonel

Kent E. Klonel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/01

Daytime Phone #

407-682-3030

KELAINE MANAGEMENT CORPORATION



462 W. Central Pkwy. Altamonte Springs, FL 32714
Fax (407) 682-3020 • Direct Line (407) 682-3030

Kent E. Klonel, President
M. Elaine Klonel, Secretary/Treasurer

April 26, 2001

Department of State
Division of Corporations

RE: Reinstatement of Kelaine Management Corporation
Document #: P96000104052
Date Incorporated: 12/30/96
FEI: 59-3414159

To Whom It May Concern:

Due to the address change from Arlington Court we did not receive the 2000 Corporation Annual Report and it is our understanding that it was returned to you. This error has been now corrected and due to our unawareness our corporation was dissolved by you in September of 2000.

Please accept our apology for this error and remedy the company back to active status.

Very truly yours,

Elaine Klonel
Secretary/Treasurer
EK/Med-Script