

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -7 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014104

1. Corporation Name

KLOTEN, INC.

2. Principal Office Address

2903 CHELSEA WOODS DR.

3. Mailing Office Address

2903 CHELSEA WOODS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO FL

City & State

VALRICO FL

Zip

33594

Country

USA

Zip

33594

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 02/12/1997

5. FEI Number

593439990

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

NEAL WEINSTEIN

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

412 EAST MADISON STREET

Suite, Apt. #, Etc.

SUITE 1111

City

TAMPA

State

FL

Zip Code

33602

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

Date

3/29/04

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
D	ROSEMARIE ADAM	2903 CHELSEA WOODS DR.	VALRICO FL 33594

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

ROSEMARIE ADAM

3-30-2004

813 689 8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)