		PLEASE READ A	ALL INST	RUCTI	ONS	BEFORE C	OMPLET	ING THIS FOR	М.		
	ION MENT	A DEPARTMENT OF STATE Sandra B. Mortham Secretary of State VISION OF CORPORATIONS				APPROVED AND FILED	r				
DOCUMENT # P9700052578 1. Corporation Name							1998 DEC 17 PM 12: 07 SECRETARY OF STATE				
KLEIN	AND A	SSOCIATES REA	LTY, INC	·		· <u>-</u> -		HASSEE, FLORIG	i <u>A</u>		
Principal Place of Business Mailing A 1044 CASTELLO DR. STE. 103 1044 CA NAPLES FL 34103 NAPLES				TELLO DR., STE. 103							
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailit Suite, Apt. #, etc. Suite, Apt. #,				ing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 06/13/1997				
City & State City & State							5. FEI Numbe	スチスコンスト		Applied For Not Applicable	
-			Zip Country			6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 A	dditional Fee required Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Flo Title(s) Name of Officers and/or Directors				rida nonprofit corporations must list at least 3 directors Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			1	City / State / Zip			
D	BRINKOETTER, THOMAS			1044 CASTELLO DR., STE. 103			NAPLES FL 34103				
D	KLEIN, BURKHARD			1044 CASTELLO DR., STE. 103			NAPLES FL 34103				
<u>.</u>						ns	40	4000027249743 -12/29/9801045010 			
					REINSTA						
								50	c 12	-17-88	
Name and Address of Current Registered Agent Name ,							9. Name and Address of New Registered Agent				
							P.O. Box Number is Not Acceptable)				
NAPLES FL 34103 Suite, Apt. #, Etc.							~	LO DRIVE			
City							os Les		State Zi	p Code 34103	
10. I, being Signature of Registered	of	ne registered agent of the abo	ve named corpo						_		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes								No See other side for information on intangible tax.)			
this rein	statement ap	officer or director or the receipplication, the reason for dissotion have been paid and the retrue and accurate, and my significant.	dution has been names of individ	eliminated, i luals listed or	the corpo n this for	rate name satisfies m do not qualify for	the requirement an exemption ur	s of section 607.0401 or 6	17.0401,	F.S., that all tees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(941) 649-1446 Daytine Phone #